2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007556

FILED Mar 19, 2009 Secretary of State

Entity Name: PAUL'S CARPET WORKROOM OF PALM BEACH COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

550-B N.E. 27TH STREET 2100 N. POWERLINE ROAD, 19 & 20 POMPANO BCH, FL 33064 US POMPANO BCH, FL 33069 US

Current Mailing Address: New Mailing Address:

550-B N.E. 27TH STREET 2100 N. POWERLINE ROAD, 19 & 20 POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33069

FEI Number: 65-0638172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIEGEL, PAUL W
550-B N.E. 27TH STREET
POMPANO BCH, FL 33064 US
SIEGEL, PAUL W
2100 N. POWERLINE ROAD, 19 & 20
POMPANO BCH, FL 33069 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL W. SIEGEL 03/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

Name: SIEGEL, PAUL Name: SIEGEL, PAUL W PRES

 Address:
 550-B
 N.E. 27TH STREET
 Address:
 2100 N. POWERLINE ROAD, 19 & 20

 City-St-Zip:
 POMPANO BEACH, FL 33064 US
 City-St-Zip:
 POMPANO BEACH, FL 33069 US

Title: D () Delete Title: () Change () Addition

 Name:
 THOMPSON, BRUCE
 Name:

 Address:
 501 N.E. 27TH STREET
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33064 US
 City-St-Zip:

Title: DS () Delete Title: DS (X) Change () Addition

Name: LOPEZ, OSCAR Name: LOPEZ, OSCAR

Address: 550-B N.E. 27TH STREET Address: 2100 N. POWERLINE ROAD, 19 & 20 City-St-Zip: POMPANO BEACH, FL 33064 US City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAIL W. SIEGEL PRES 03/19/2009