2008 FOR PROFIT CORPORATION

Apr 24, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P96000050251 DECORATORS CARPET CARE, INC. Principal Place of Business Mailing Address 5432 GORDON CT P.O. BOX 1688 ORANGE PARK, FL 32065 ORANGE PARK, FL 32067-1688 US 04152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3391815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTORO, THOMAS C ESQ DO NOT WRITE 1700 WELLS ROAD #5 ORANGE PARK, FL 32073 IN THIS SPACE 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or crinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS SD TITLE NAME KOWALSKI, CECILE M 5432 GORDON CT STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065 PD KOWALSKI, JOHN S. NAME STREET ADDRESS 5432 GORDON CT CITY-ST-ZIP ORANGE PARK, FL 32065 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attackfi

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZtP

Cecile M. Kownisk

FILED