2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 04, 2006 8:00 am Secretary of State DOCUMENT # P96000090298 1. Entity Name 08-04-2006 90015 010 ***150.00 WARREN'S CARPET CLEANING, INC. Principal Place of Business 182 BREWER CIRCLE 182 BREWER CIRCLE MARY ESTHER FL 32569 MARY ESTHER FL 32569 Principal Place of Business 3. Mailing Address Cnollwood Way Chollwood 120 and Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) City & State 4. FEI Number Applied For City & State 59-3409067 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired OK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEET, BART FLEET, SPENCER, MARTIN & KILPATRICK, PA Street Address (P.O. Box Number is Not Acceptable) 1104 EGLIN PARKWAY SHALIMAR FL 32579-0000 City Zip Code 8. 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Rost Warren ☐ Delete Change ☐ Addition RUST, WARREN 118 knollwood way 182 BREWER CIRCLE STREET ADDRESS STREET ADDRESS Fort Walton Beh Fl 32548 MARY ESTER FL 32569 CITY-ST-ZP CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-7P TITLE ☐ Delete FIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachment with an address, with all other like empowered. 850-244-2502

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED