2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000090284

City-St-Zip:

NAPLES, FL 34112

Entity Name: HOUSE OF CARPETS OF NAPLES II

FILED Dec 01, 2009 Secretary of State

| Entity Nai | me: HOUSE | OF CARPETS OF NAPLES, IN | C. | | |
|-----------------------------------------------|---------------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 2383 LINWOOD WAY NAPLES, FL 34112 US | | | 1765 COMMERCIAL NAPLES, FL 34112 | 1765 COMMERCIAL DR NAPLES, FL 34112 US | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 2383 LINWOOD WAY NAPLES, FL 34112 US | | | 1765 COMMERCIAL DR NAPLES, FL 34112 US | | |
| FEI Number: | : 65-0788998 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 950 NORT | R, GARY JES TH COLLIER E BLAND, FL 34 | BOULEVARD, STE. 301 | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (LA CAVA, FRA 848 COLLIER MARCO ISLAI | CT #205 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (VAN BENEDE 2205 GROVE NAPLES, FL | DRIVE | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: | S (LA CAVA, FRA 3574 ANTARO | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: ADAM VAN BENEDEN VP 12/01/2009