2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # P98000052648 1. Entity Name CARPETMASTERS USA, INC. Mailing Address Principal Place of Business _ . 124 W. CARRIBEAN 124 W. CARRIBEAN PORT SAINT LUCIE, FL 34952 PORT SAINT LUCIE, FL 34952 CR2E034 (10/03) 01192005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0852107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE JACOBS, RONALD 124 W. CARRIBEAN PORT SAINT LUCIE, FL 34952 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Un0000283211 OFFICERS'AND DIRECTORS 10. TITLE PSD JACOBS, RONALD NAME 124 W. CARRIBEAN STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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

FILED