

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052648

FILED
Apr 13, 2008
Secretary of State

Entity Name: CARPETMASTERS USA, INC.

Current Principal Place of Business:

1762 SW ALEGRE ST.
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

3102 SW LETCHWORTH ST.
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1762 SW ALEGRE ST.
PORT SAINT LUCIE, FL 34953

New Mailing Address:

3102 SW LETCHWORTH ST.
PORT SAINT LUCIE, FL 34953

FEI Number: 20-4121522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHLEY, JOSHUA
1762 SW ALEGRE ST.
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

ASHLEY, JOSHUA
3102 SW LETCHWORTH ST.
PORT SAINT LUCIE, FL 34953 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: JOSHUA ASHLEY

04/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ASHLEY, JOSHUA
Address: 1762 SW ALEGRE ST.
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ASHLEY, JOSHUA
Address: 3102 SW LETCHWORTH ST.
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: JOSHUA ASHLEY

PSD

04/13/2008

Electronic Signature of Signing Officer or Director

Date