

2006 FOR PROFIT CORPORATION ANNUAL REPORT


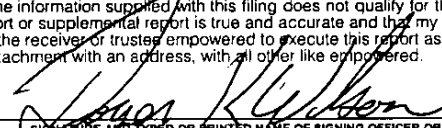
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May 01, 2006 8:00 am
Secretary of State

05-01-2006 90310 006 ***150.00

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03202006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000056439					
1. Entity Name STRAIGHT A CARPET SERVICES, INC.					
Principal Place of Business 5200 MONTAQUE PLACE ORLANDO, FL 32808			Mailing Address 5200 MONTAQUE PLACE ORLANDO, FL 32808		
2. Principal Place of Business 19030 NASH STREET		3. Mailing Address 19030 NASH STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 59-3520500	
Zip 32833		Country ORANGE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent SOLOMON-WILSON, KATHERINE 4815 BALBOA DRIVE ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19030 NASH STREET City ORLANDO FL Zip Code 32833		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, ROGAR K 5200 MONTAQUE PLACE ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19030 NASH STREET ORLANDO FL 32833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOLOMON, KATHERINE 5200 MONTAQUE PLACE ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19030 NASH STREET ORLANDO FL 32833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 			Date: May 19, 06 Daytime Phone #: (407) 294-5070		