2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 08:00 A Secretary of State **DOCUMENT # P98000073763** 1. Entity Name A AVAILABLE CARPET CLEANING, INC. Principal Place of Business Mailing Address 4135 PALMETTO TRAIL 4135 PALMETTO TRAIL WESTON, FL 33331 WESTON, FL 33331 CR2E034 (11/05) 02112007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0858678 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VASQUEZ, JUAN C DO NOT WRITE 4135 PALMETTO TRAIL WESTON, FL 33331 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME VASQUEZ, JUAN C. 4135 PALMETTO TRAIL STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 U00000693344 04/19/07-80038-024 150.00 SD TITLE VASQUEZ, MARIA CARMEN NAME 4135 PALMETTO TRAIL STREET ADDRESS WESTON, FL 33331 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 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 truetee 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: 4

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR