

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000078554**

1. Entity Name  
**CARPET MASTER CARPET CLEANING, INC.**



Principal Place of Business  
10270 85TH STREET  
VERO BEACH, FL 32967

Mailing Address  
7 VARNIA ST  
METHUEN, MA 01844 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 11, 2006 08:00 AM  
Secretary of State**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3546368</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**G. Name and Address of Current Registered Agent**

ALIANO, MARIA  
10270 85TH STREET  
VERO BEACH, FL 32967

**DO NOT WRITE  
IN THIS SPACE**

6. 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: MARIA ALIANO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

4/5/06

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

7. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALIANO, MARIA 10270 85TH ST VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000502452  
04/25/06-80105-005 150.00

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IN THIS SPACE**

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: Maria Aliano

4/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #