
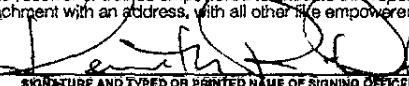


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # V55439 1. Entity Name FLORIDA CARPET CARE INC.		
Principal Place of Business 1355 W. PALMETTO PARK RD. #197 BOCA RATON, FL 33486		Mailing Address 1355 W. PALMETTO PARK RD. #197 BOCA RATON, FL 33486
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OHM, KENNETH 14566 79TH COURT N LOXAHATCHEE, FL 33470		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		U00000280825 03/30/05-20030-020 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP OHM, KENNETH 14566 79TH CT N LOXAHATCHEE, FL	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 file empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Kenneth R. Ohm 3-28-05 (SG) 3471607 Date Daytime Phone #