2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000006803

ONE WAY OF MICHIGAN CARPET SERVICES, INC.

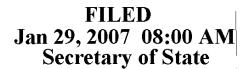


Principal Place of Business

5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135 Mailing Address

P.O. BOX 965

INKSTER, MI 48141-0965





DO NOT WRITE IN THIS SPACE

01202007 No Cha-P

CR2E034 (11/05)

4. FEI Number 38-3607319

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATENAUDE, BRYDEN 971 BROOKVIEW CIRCLE PENSACOLA, FL 32503

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 The above named entity submits this statement for the the obligations of registered agent. 	ourpose of changing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE LICHOGOGOGOGOGOGOGOGOGOGOGOGOGOGOGOGOGOGOG
FILE NOWIII FEE IS \$150.00	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	01/31/07-80066-005 150.00

After May 1, 2007 Fee will be \$550.00		Trust Fund Contribution.
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PATENAUDE, BRYDEN 5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC DUPUIS, JASON 5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135	
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D DUPUIS, JASON 5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUPUIS, BRYDEN 5911 MIDDLEBELT ROAD GARDEN CITY, MI 48135	
NILE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CISY-ST-ZIP		

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12. Thereby 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:

(248) 137-6050