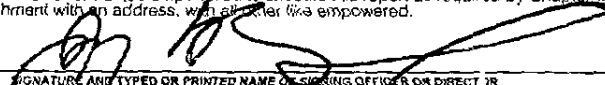


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M49335		
1. Entity Name MERIT FLOORS, INC.		
Principal Place of Business 9253 NW 100 STREET MEDLEY, FL 33178 US		Mailing Address 9253 NW 100 STREET MEDLEY, FL 33178 US
DO NOT WRITE IN THIS SPACE		
		 01262006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2784588 ☐ Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FLEGEL, JEFFREY S. 9253 NW 100 ST MIAMI, FL 33178		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relocating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FLEGEL, JEFFREY S. 9253 NW 100 ST MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FLEGEL, TODD A 9253 NW 100 ST MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST FLEGEL, JEFFREY S 9253 NW 100 ST MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____		