2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 8:00 am Secretary of State **DOCUMENT # P00000025403** 01-23-2006 90112 044 ***150.00 1. Entity Name SPEARS FLOORING INC. Principal Place of Business Mailing Address 8891 NW 45 STREET 8891 NW 45 STREET CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) City & State City & State 4 FELNumber Applied For 65-0993598 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPEARS, TIMOTHY 11530 NW 30 PLACE Street Address (P.O. Box Number is Not Acceptable) SUNRISE, FL 33323 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: flegislered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition Speaks TIM OTHY 8891 NW 45 ST SPEARS, TIMOTHY NAME NAME STREET ADDRESS 11530 NW 30 PLACE STREET ADDRESS CORN SPRINGS FIA CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP 33065 Delete Change TITLE TITLE Addition SPEARS, JOSEPHINE NAME NAME 11530 NW 30 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F Delete -TITLE ____ Change __ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED