2006 FOR PROFIT CORPORATION

Mar 17, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000125964 03-17-2006 90141 017 ***150.00 CREATIVE DESIGNS & HARDWOOD FLOORS, INC. Principal Place of Business Mailing Address 50003434 745 SE 56TH AVE 745 SE 56TH AVE OCALA, FL 34471 OCALA, FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 CR2E034 (11/05) Chq-P City & State City & State 4. FEI Number Applied For 20-0363228 Not Applicable Zip Country Country \$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 RAMIA, FRANCOIS Street Address (P.O. Box Number is Not Acceptable) 745 SE 56TH AVE OCALA, FL 34471 Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition RAMIA, FRANCOIS NAME NAME STREET ADDRESS 745 SE 56TH AVE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS

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 of the corporation or the receiver or trustee changed, or on an attachment with an add an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

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CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED