2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jul 11, 2005 08:00 AM **DOCUMENT # P03000144017 Secretary of State** 1. Entity Name UNITED FLOORING SYSTEMS, INC. Principal Place of Business Mailing Address 17854 63RD RD N 17854 63RD RD N LQXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 No Chg-P CR2E034 (10/03) 07072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0448870 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent COHEN, SUZANNE DO NOT WRITE 17854 63RD RD N LOXAHATCHEE, FL 33470 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 # applicable, (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME COHEN, SUZANNE STREET ADDRESS 17854 63RD RD N U00000372008 07/11/05-80015-004 550.00 CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE COHEN, JORDAN T V NAME STREET ADDRESS 17854 63RD ROAD NORTH CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 otype like empowered. **SIGNATURE:**

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP