2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055100

FILED Jan 07, 2008 Secretary of State

Entity Name: SPECIALTY FLOOR DESIGNS OF CENTRAL FLORIDA, INC.

New Principal Place of Business: Current Principal Place of Business: 217 ALTAMONTE COMMERCE BLVD STE 1202 ALTAMONTE SPRINGS, FL 32714 **New Mailing Address: Current Mailing Address:** 457 WEKIVA COVE RD LONGWOOD, FL 32779 FEI Number: 59-3394730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ERIKSTRUP, DAVID R 457 WEKIVA COVE RD LONGWOOD, FL 32779 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ERIKSTRUP, DAVID R Name: Name: 457 WEKIVA COVE RD Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: () Delete Title: Title: () Change () Addition Name: RAHE-ERIKSTRUP, SHELLY Name: 457 WEKIVA COVE ROAD Address: Address: LONGWOOD, FL 32779 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R ERIKSTRUP PRES 01/07/2008