## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000129577

Entity Name: ACCURATE FLOORING INSTALLATIONS, INC.

FILED May 16, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	AVENUE NORTH RSBURG, FL 33710	) US			
Current Mailing Address:			New Mailing Address:		
	AVENUE NORTH RSBURG, FL 33710	) US			
FEI Number:	: 20-0374666 FEI	Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	ES E AVENUE NORTH RSBURG, FL 33710	) US			
	named entity subm e of Florida.	its this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic Sig	gnature of Registered Ag	ent	Date	
		), F.S., the corporation did not full that the contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES ( ) Delete HILL, JAMES E 5521 6TH AVENUE NO ST. PETERSBURG, F	ORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC ( ) Delete HILL, ALICIA M 5521 6TH AVENUE NO ST. PETERSBURG, F	ORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALICIA M. HILL SEC 05/16/2005