## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005366

Entity Name: IFLOOR INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
17600 WEST VALLEY HIGHWAY TUKWILA, WA 98188				17616 WEST VALLEY HIGHWAY TUKWILA, WA 98188		
Current Mailing Address:				New Mailing Address:		
CAIMCROSS & HEMPELMANN, P.S. 524 2ND AVE, SUITE 500 SEATTLE, WA 98104			524 2NE	CAINCROSS & HEMPELMANN, P.S. 524 2ND AVE, SUITE 500 SEATTLE, WA 98104		
FEI Number:	: 91-1988488	FEI Number Applied For ( )	FEI Number Not A	Applicable ( ) Certificate of Status De	esired ( )	
Name and	l Address of	Current Registered Agent:	Name a	and Address of New Registered Age	nt:	
1201 HAYS	ATION SERV S STREET SSEE, FL 32	ICE COMPANY 301 US				
	e named entity e of Florida.	submits this statement for the	purpose of changin	ng its registered office or registered age	ent, or both,	
SIGNATU	RE:					
	Electro	onic Signature of Registered A	gent	Date		
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).				
OFFICER	S AND DIRE	CTORS:	ADDITIO	ONS/CHANGES TO OFFICERS AND	DIRECTORS	
Title: Name: Address: City-St-Zip:	SIMONSON,	VALLEY HIGHWAY	Title: Name: Address: City-St-Zip	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	MORRIS, BRI	VALLEY HIGHWAY	Title: Name: Address: City-St-Zip	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PAQUIN, BOE	VALLEY HIGHWAY	Title: Name: Address: City-St-Zi <sub>t</sub>	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SOMBERG, D	VALLEY HIGHWAY	Title: Name: Address: City-St-Zi <sub>t</sub>	()Change ()Addition ip:		
Title: Name: Address: City-St-Zip:	ALTENHOFE	VALLEY HIGHWAY	Title: Name: Address: City-St-Zip	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip	D ( ) Change (X) Addition SIMONSON, STEVEN 17616 WEST VALLEY HIGHWAY ip: TUKWILLA, WA 98188		

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: DEANNA SEAGO, AUTHORIZED REPRESENTATIVE AR 04/25/2008