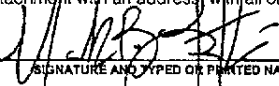


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005285		
1. Entity Name PROFESSIONAL COMMERCIAL FLOORING CO., INC.		
Principal Place of Business 1922 WOODLANDS INDUSTRIAL DRIVE TRUSSVILLE, AL 35173		Mailing Address P.O. BOX 100429 BIRMINGHAM, AL 35210
DO NOT WRITE IN THIS SPACE		
		
04192006 No Chg-P CR2E034 (11/05)		
4. FEI Number 63-0866844		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CROWE, TOM L 301 EAST HICKORY AVENUE CRESTVIEW, FL 32536		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LATTA, MARK B P.O. BOX 101912 BIRMINGHAM, AL 35210	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LATTA, CHARLES 156 LAKE LANDING SHELBY, AL 35143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LATTA, TINA G P.O. BOX 10192 BIRMINGHAM, AL 35210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ODEN, GLEN 2775 PINEDALE ROAD ASHVILLE, AL 35953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EASON, OLANDUS 1820 CENTER ST. S BIRMINGHAM, AL 35205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 changed, or on an attachment with an address with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Mark B. Latta, President 04/18/06 (205) 956-4408 <small>Date Daytime Phone #</small>