


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 11, 2007 08:00 AM  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # K66231</b><br>1. Entity Name<br>CONTEMPORARY HARDWOOD FLOORS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |  |
| Principal Place of Business<br>810 SATURN STREET<br>SUITE 18<br>JUPITER, FL 33477 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mailing Address<br>810 SATURN STREET<br>SUITE 18<br>JUPITER, FL 33477 US |                                                                                   |
| <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>HAAS, MIKE<br>3409 HARBOR RD. SOUTH<br>TEQUESTA, FL 33469                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                   |
| <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/>           After May 1, 2007 Fee will be \$550.00         </div> <div style="width: 30%;">           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> <b>\$5.00 May Be Added to Fees</b> </div> </div>                                                                                                                                                                                                                         |                                                                          |                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>HAAS, MIKE<br>3409 HARBOR RD. SOUTH<br>TEQUESTA, FL                 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                          |                                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <u>Michael W. Haas</u><br/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%;"> <u>1/8/07</u> <u>561-744-2690</u><br/> <small>Date Daytime Phone #</small> </div> </div>                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                   |



01052007 No Chg-P CR2E034 (11/05)

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|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0104125</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

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01/11/07-80014-003 150.00

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