

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90011 006 \*\*\*150.00

**20006921**



01302006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P00000018424</b> 1. Entity Name <b>ALL AMERICAN ATHLETIC FLOORS, INC.</b>					
Principal Place of Business <b>8991 SW 19 AVE RD OCALA, FL 34476</b>			Mailing Address <b>9455 SW 19TH AVE RD OCALA, FL 34476</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>8991 SW 19th Ave. Rd.</b> Suite, Apt. #, etc.			
City & State		City & State <b>Ocala, FL</b>		4. FEI Number <b>59-3630898</b>	
Zip <b>34476</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RANEW, THOMAS C JR. 3711 NE 42 OCALA, FL 34479</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>REID, MARILYN</b> <b>9455 SW 19TH AVE RD</b> <b>OCALA, FL 34476</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Reid, Marilyn</b> <b>8991 SW 19th Ave. Rd.</b> <b>Ocala, FL 34476</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REID, THOMAS</b> <b>9455 SW 19TH AVE RD</b> <b>OCALA, FL 34476</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Reid, Thomas</b> <b>8991 Sw 19th Ave. Rd.</b> <b>Ocala, FL 34476</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FOX, DAVID A</b> <b>9150 SW 19TH AVE</b> <b>OCALA, FL 34476</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: <u>Marilyn Y Reid</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b><u>Marilyn Y. Reid</u></b> <small>Date</small>		
			<b><u>02-03-06</u></b> <small>Date</small>		
			<b><u>861-48</u></b> <small>Daytime Phone #</small>		