2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # P01000019259 AUTHENTIC HARDWOOD FLOORING, INC. Principal Place of Business Mailing Address 1820 PINELLAS AVE 1820 PINELLAS AVE #113 #113 TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-3698800 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRUNZ, GORDON DO NOT WRITE 1820 PINELLAS AVE #113 IN THIS SPACE TARPON SPRINGS, FL 34689 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GRUNZ, GORDON NAME STREET ADDRESS 1820 PINELLAS AVE. #113 CITY-ST-ZIP TARPON SPRINGS, FL 34689 TITLE NAME U00000536247 05/08/06-80087-004 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CHY-SY-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplies 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 eath; that I am an officer or director of the corporation or the receiver or trastee 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: ___

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 727-78

Daytime Phone #