


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90354 028 \*\*\*150.00

<b>DOCUMENT # P02000001614</b> 1. Entity Name <b>DEPENDABLE FLOORING, INC.</b>																													
Principal Place of Business <b>109 NW 80TH AVE MARGATE, FL 33063</b>			Mailing Address <b>109 NW 80TH AVE MARGATE, FL 33063</b>																										
2. Principal Place of Business <b>1229 SW 46TH AVE</b> Suite, Apt. #, etc. <b>UNIT 409</b> City & State <b>POMPANO BEACH FLORIDA</b> Zip <b>33069</b>		3. Mailing Address <b>1229 SW 46TH AVE</b> Suite, Apt. #, etc. <b>UNIT 409</b> City & State <b>POMPANO BEACH, FL</b> Zip <b>33069</b>																											
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>01-0579394</b>																									
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent  <b>HUMPHRIES, DUANE</b> <b>5914 SW 25TH CT</b> <b>HOLLYWOOD, FL 33023</b>				7. Name and Address of New Registered Agent Name <b>HUMPHRIES, DUANE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1229 SW 46TH AVE UNIT 409</b> City <b>POMPANO BEACH</b> <b>FL</b> Zip Code <b>33069</b>																									
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 <u><i>Duane Humphries</i></u> <span style="float: right;">3/31/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRES</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUMPHRIES, DUANE C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5914 SW 25TH ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HOLLYWOOD, FL 33023</td> <td></td> </tr> </table>			TITLE	PRES	<input type="checkbox"/> Delete	NAME	HUMPHRIES, DUANE C		STREET ADDRESS	5914 SW 25TH ST		CITY - ST - ZIP	HOLLYWOOD, FL 33023		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 <u><i>Duane Humphries</i></u> <span style="float: right;">3/31/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													