2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005055

FILED Feb 19, 2008 Secretary of State

Entity Name: HOUSE OF FLOORS OF SARASOTA, INC.

| rincipal Place (| | | | |
|--------------------------------------|--|--|---|--|
| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
| ILMATE DRIVE | | | | |
| 4 ΓΑ, FL 34243 | | | | |
| lailing Address | :: | New Mailing Addres | ss: | |
| 669 ST, FL 34270 | | | | |
| : 30-0055915 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| d Address of Cu | ırrent Registered Agent: | Name and Address | of New Registered Agent: | |
| IĽMATE DRIVE 4 FA, FL 34243 U | | purpose of changing its registere | ed office or registered agent, or both, | |
| RE: | | | | |
| Electronic | Signature of Registered Ag | ent | Date | |
| mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | |
| SIMMONS, BRIA 3614 46TH PLAZ | N 'A EAST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| P ()[SIMMONS, TARA | | Title: Name: | () Change () Addition | |
| 4 | A FL 34243 Iailing Address Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Iailing Ia | A, FL 34243 Iailing Address: Iailing Address of Current Registered Agent: Iailing Address of Current Regist | A, FL 34243 Iailing Address: New Mailing Address 69 ST, FL 34270 : 30-0055915 FEI Number Applied For () FEI Number Not Applicable () I Address of Current Registered Agent: Name and Address 7, TARA C VP ILMATE DRIVE 4 A, FL 34243 US 10 named entity submits this statement for the purpose of changing its registere of Florida. RE: Electronic Signature of Registered Agent Impaign Financing Trust Fund Contribution (). S AND DIRECTORS: P () Delete SIMMONS, BRIAN 3614 46TH PLAZA EAST BRADENTON, FL 34203 New Mailing Address Name and Address Name and Address Address: City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA SIMMONS VP 02/19/2008