



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90066 010 ***150.00

DOCUMENT # P02000031169 1. Entity Name ALL AMERICAN TILE & FLOOR COVERINGS, INC.																													
Principal Place of Business 2820 DOGWOOD RD VENICE FL 34293			Mailing Address 2820 DOGWOOD RD VENICE FL 34293																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip	Country	Zip	Country	4. FEI Number 71-0876717 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E034 (11/03)																									
6. Name and Address of Current Registered Agent RICH, BOBBY D 2820 DOGWOOD RD VENICE FL 34293																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PVTS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COFFMAN, BARNEY LEE JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2820 DOGWOOD RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>VENICE FL 34293</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">V Rickey C. Layne</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>113 N. Sierra</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Nokomis Fl. 34275</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PVTS	<input type="checkbox"/> Delete	NAME	COFFMAN, BARNEY LEE JR		STREET ADDRESS	2820 DOGWOOD RD		CITY - ST - ZIP	VENICE FL 34293		TITLE	V Rickey C. Layne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	113 N. Sierra		STREET ADDRESS	Nokomis Fl. 34275		CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Barney L. Coffman Jr</u> Barney L. Coffman Jr <u>3/16/04</u> <u>(941) 716 2236</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													