

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000040171

1. Entity Name

ADVANCED WOOD FLOORS, INC.



**FILED
Mar 19, 2007 8:00 am
Secretary of State**

03-19-2007 90085 018 ***158.75

40038609



01072007 Chg-P CR2E034 (12/06)

Principal Place of Business PO BOX 6787 WEST PALM BEACH, FL 33405		Mailing Address PO BOX 6787 WEST PALM BEACH, FL 33405	
2. Principal Place of Business - No P.O. Box # 4010 GEORGIA AVE. BAY 1		3. Mailing Address Suite, Apt. #, etc. 4010 GEORGIA AVE. BAY 1	
Suite, Apt. #, etc. WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
City & State WEST PALM BEACH, FL	Zip 33405	City & State WEST PALM BEACH, FL	Zip 33405
Country U.S.A.	Country U.S.A.	4. FEI Number 04-3681604	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VAN AKEN, MICHAEL J 619 N DIXIE HIGHWAY LAKE WORTH, FL 33460			
7. Name and Address of New Registered Agent Name MICHAEL J. VAN AKEN Street Address (P.O. Box Number is Not Acceptable) 4010 GEORGIA AVE. BAY 1 City WEST PALM BEACH FL Zip Code 33405			

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

MICHAEL J. VAN AKEN, DIRECTOR

3-15-07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D VAN AKEN, MICHAEL J PO BOX 6787 WEST PALM BEACH, FL 33405</p>		<p><input checked="" type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D VAN AKEN, MICHAEL J. 4010 GEORGIA AVE. WEST PALM BEACH, FL. 33405</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
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<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>D VAN AKEN, MICHAEL J. 4010 GEORGIA AVE. WEST PALM BEACH, FL. 33405</p>			
<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>			
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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: *MICHAEL J. VAN AKEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07

561-379-0923

Date

Daytime Phone #