2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # P02000041578 1. Entity Name QUALITY AFFORDABLE FLOORING, INC. Principal Place of Business, Mailing Address 6334 MASSEY RD ZEPHRYHILLS FL 33542 6334 MASSEY RD ZEPHRYHILLS FL 33542 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 04-3646670 Not Applicable Zip Country Z_{ip} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCULLOUGH, CHAD Street Address (P.O. Box Number is Not Acceptable) 6334 MASSEY RD ZEPHRYHILLS FL 33542 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TUTUE ☐ Change Addition TILLE ☐ Delete MCCULLOUGH, CHAD NAME 6334 MASSEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHRYHILLS FL 33542 CITY-ST-ZIP FITLE Change Addition DILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Delete TITLE Diff ☐ Change Addition U000000305528 NAME NAME 04/14/05-80035-001 150.00 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP Change Addition TITLE ☐ Delete TITLE U00000305628 STREET ADDRESS STREET AUDRESS 04/14/05-80095-002 8.75 CITY ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 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.