


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000049728 1. Entity Name ALL ASPECTS OF FLOOR COVERING, INC.	
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Principal Place of Business 2494 INDIAN TRAILS E PALM HARBOR, FL 34683	Mailing Address 2494 INDIAN TRAILS E PALM HARBOR, FL 34683
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04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3648954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEIPER, CHRISTIAN 2494 INDIAN TRAILS E PALM HARBOR, FL 34683	DO NOT WRITE IN THIS SPACE
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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 (NOTE: Registered Agent signature required when re-registering) 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	U00000757352 05/23/07-80091-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEIPER, CHRISTIAN 2494 INDIAN TRAILS E PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEIPER, SILAS 1316 YOUNG AVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHRISTIAN Keiper** Date Daytime Phone #