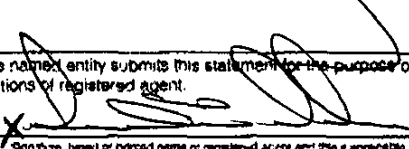
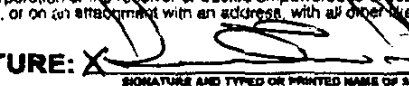


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 18 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000120261			
1. Entity Name MONTANA WOOD FLOORS, INC.			
Principal Place of Business 13031 NW 10TH ST MIAMI, FL 33182		Mailing Address 13031 NW 10TH ST MIAMI, FL 33182	
2. Principal Place of Business 529 BRETT CT Suite, Apt. #, etc.		3. Mailing Address 529 BRETT CT Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32828		Zip 32828	
4. FEI Number 02-0682810		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESTREPO, JULIAN A 10200 NW 25TH STREET SUITE 207 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name JULIANA RESTREPO Street Address (P.O. Box Number is Not Acceptable) 529 BRETT CT City ORLANDO FL Zip Code 32828	
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  6/7/06 Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature is required when removing.)			
FILE NOW!! FEE IS \$150.00 Due by September 18, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESTREPO, JULIAN A 13031 NW 10TH ST MIAMI, FL 33182 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESTREPO, JULIAN A 529 BRETT CT ORLANDO, FL 32828 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080008175 09/20/06--01063--012 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 officers empowered.			
SIGNATURE:  6/7/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	