FILED 2006 FOR PROFIT CORPORATION Mar 16, 2006 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P03000015735** 1. Entity Name CONTRACT FLOORING INSTALLERS INC. Malling Address Principal Place of Business 1313 NW 65PLACE 1313 NW 65PLACE FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 CR2E034 (11/05) 03032006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0708037 \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE BRYANT, FERN 1313 NW 65PLACE FT LAUDERDALE, FL 33309 IN THIS SPACE 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. DATE

	SIGNATURE	
1	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE BRYANT, FERN NAME STREET ADDRESS 1313 NW 65PLACE CITY-ST-ZIP FT LAUDERDALE, FL 33309 7)T) F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THELE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP MALLE

U00000470389 03/28/06-80011-023 150.00

Applied For

Not Applicable

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 with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NE OF SIGNING OFFICER OR DIRECTOR

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