

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034851

FILED
May 04, 2005
Secretary of State

Entity Name: ALA GROUP FLOORING INC.

Current Principal Place of Business:

1914-D ART MUSEUM DR
JACKSONVILLE, FL 32207

New Principal Place of Business:

1914 ART MUSEUM DR
SUITE A
JACKSONVILLE, FL 32207

Current Mailing Address:

1914-D ART MUSEUM DR
JACKSONVILLE, FL 32207

New Mailing Address:

1914 ART MUSEUM DR
SUITE A
JACKSONVILLE, FL 32207

FEI Number: 16-1622860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROWLAND V
1125-1 CESERY BLVD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: PULLIAM, LAWRENCE
Address: 1040 NIGHTINGALE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: PULLIAM, LAWRENCE
Address: 1040 NIGHTINGALE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VCOO () Delete
Name: PULLIAM, ANGELIA
Address: 1040 NIGHTINGALE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: PULLIAM, ANGELIA
Address: 1040 NIGHTINGALE RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE PULLIAM

PD

05/04/2005

Electronic Signature of Signing Officer or Director

Date