


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000126234
 1. Entity Name
 HINES HARDWOOD FLOORING, INC.



Principal Place of Business Mailing Address
 30811 ALCREST AVENUE 30811 ALCREST AVENUE
 MT. PLYMOUTH, FL 32776 US MT. PLYMOUTH, FL 32776 US

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 56-2412342 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROGERS, EDGAR A
 30825 ALCREST AVE.
 MT. PLYMOUTH, FL 32776

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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: Ed Rogers DATE: 4/26/06
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

U00000557468
 05/17/06-80052-008 .150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HINES, MICHAEL G
STREET ADDRESS	30811 ALCREST AVENUE
CITY-ST-ZIP	MT. PLYMOUTH, FL 32776
TITLE	TRES
NAME	HINES, MARY M
STREET ADDRESS	30811 ALCREST AVENUE
CITY-ST-ZIP	MT. PLYMOUTH, FL 32776
TITLE	S
NAME	NORVELL, JASON
STREET ADDRESS	25343 CARNOLLSTIE DRIVE
CITY-ST-ZIP	MOUNT PLYMOUTH, FL 32776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 life empowered.

SIGNATURE: Michael G. Hines Pres. DATE: 4/26/06 DAYTIME PHONE #: 352-636-0902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #