

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000131232

**FILED**  
**Oct 14, 2009**  
**Secretary of State****Entity Name:** SMALL TIME FLOORCOVERING, INC**Current Principal Place of Business:**120 SHILOH ROAD  
MELROSE, FL 32666**New Principal Place of Business:****Current Mailing Address:**120 SHILOH ROAD  
MELROSE, FL 32666**New Mailing Address:****FEI Number:** 20-0937225**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MASTERS, DONNA  
120 SHILOH RD  
MELROSE, FL 32666 US**Name and Address of New Registered Agent:**MASTERS, NEAL A  
120 SHILOH ROAD  
MELROSE, FL 32666 US

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:** NEAL A MASTERS

10/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** MASTERS, NEAL  
**Address:** 120 SHILOH RD  
**City-St-Zip:** MELROSE, FL 32666**Title:** VP (X) Delete  
**Name:** MASTERS, DONNA  
**Address:** 120 SHILOH ROAD  
**City-St-Zip:** MELROSE, FL 32666**Title:** D (X) Delete  
**Name:** LYNN, WILLIAM  
**Address:** 120 SHILOH ROAD  
**City-St-Zip:** MELROSE, FL 32666**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:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** NEAL MASTERS

P

10/14/2009

Electronic Signature of Signing Officer or Director

Date