2006 FOR PROFIT CORPORATION
- ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM DOCUMENT # P03000132654 **Secretary of State** 1. Entity Name CLARK GREEN FLOORING, INC Principal Place of Business Mailing Address 1970 EAST SCEOLA PKWY, # 202 KISSIMMEE FL 34743 1970 EAST SCEOLA PKWY, # 202 KISSIMMEE FL 34743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0397991 Not Apphosit Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PROFESSIONAL ACCOUNTANTS & CONSULTANTS, IN Street Address (P.O. Box Number is Not Acceptable) 1157 W. STATE ROAD 436 SUITE 105 **ALTAMONTE SPRINGS FL 32714** City Zip Code 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 appear the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and into it epipicable (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 \$5.00 May L Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete UNDIN 1144U3H5 ☐ Change ☐ A457 nn = 100MAME CLARK GREEN NAME 03/02/06-80039-001 158.75 STREET ADDRESS 8606 BAYSHIRE WAY STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP 1371 5 ☐ Delete Change □ Adding NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Defete THE □ Change ☐ Ast NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Aniero NAME MAME STREET ADDRESS STREET ADDRESS C)TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change $\prod A_{ij}$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delcte TITLE ☐ Change □ 4... NAME NAME STREET ADDRESS STREET AUCRESS CITY-ST-ZIP CUTY-ST-ZIP

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 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 direction of the corporation or the receiver or trustee emprevered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

2-17-06 407-415-6713