## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Miles Molison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Apr 28, 2008 08:00 AN Secretary of State

| ANNUAL REPORT   |  |  |                 | Apr 28, 2008 08:0  |
|---|--|--|-----------------|--|
| DOCUMENT # P03000140542  1. Entity Name MOHAN FLOORING, INC.  |  |  | Secretary of St |  |
|   |  |  |                 |  |
| Principal Plac  | ce of Business   | Mailing Address  |                 |  |
| 5615 95TH<br>Sebastian,   |  | 5615 95TH STREET<br>SEBASTIAN, FL 32958                |                 |  |
|   |  |  |                 |  |
|   |  |  |                 |  |
| DO NOT WRITE IN THIS SPACE  |  |  | CE              | 04232008 No Chg-P  |
|   |  |  |                 | 01-0803556 Not Applicable  |
|   | ,  | ·  |                 | 5. Certificate of Status Desired  \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent   |  |  |                 |  |
| MOHAN, MICHAEL<br>5615 95TH STREET  |  |  |                 | DO NOT WRITE   |
| SEBASTIAN, FL 32958   |  |  |                 | IN THIS SPACE  |
|   |  | A  |                 |  |
| 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   |  |  |                 |  |
| After M   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.0   | 9. Election Campaign Finar<br>Trust Fund Contribution. |                 | 00 May Be do Fees  |
| 10.   | OFFICERS AND D   | IRECTORS   |                 | . '  |
| NAME :  | PST<br>MOHAN, MICHAEL  |  |                 |  |
| STREET ADDRESS<br>CITY-S1-ZIP   | 5615 95TH STREET<br>SEBASTIAN, FL 32958  |  |                 |  |
| TITLE   | 025/10/10/17/17  |  | •               | <u> </u>   |
| NAME<br>STREET ADDRESS  |  |  |                 | 05/20/08-800/8-001 150.00  |
| CITY+ST-ZIP   |  |  |                 | •  |
| TITLE<br>NAME   |  |  | ŀ               |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                 | DO NOT WRITE   |
| TITLE   |  |  | •               | IN THIS SPACE  |
| NAME<br>STREET ADDRESS  |  |  |                 | IN THIS STAGE  |
| CITY-ST-ZIP   |  |  |                 | •  |
| TITLE<br>NAME   |  |  |                 |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                 | •  |
| THLE  |  |  | 1               |  |
| NAME<br>STREET ADDRESS  | TEXT PART AWAY THE   |  | <i>*</i>        |  |
| CITY-ST-ZIP   | A STATE OF THE STA | (N 1 설립 전  | 1, 2 am 42.00 - | a a grander et en e  |
| 12. I hereby certify that the information supplied with this filling 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 like empowered. |  |  |                 |  |

4-24-08

Daytime Phone #