2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145674

Entity Name: CDS FLOOR COVERINGS, INC.

FILED Sep 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19142 EVERGREEN ROAD FORT MYERS, FL 33912 19142 EVERGREEN ROAD FORT MYERS, FL 33967

Current Mailing Address: New Mailing Address:

19142 EVERGREEN ROAD FORT MYERS, FL 33912 19142 EVERGREEN ROAD FORT MYERS, FL 33967

FEI Number: 58-2677886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STOUFFER, CHARLES

19142 EVERGREEN ROAD
FORT MYERS, FL 33912 US

STOUFFER, CHARLES

19142 EVERGREEN ROAD
FORT MYERS, FL 33967 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: C. D. STOUFFER 09/11/2009

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: (X) Change () Addition STOUFFER, CHARLES STOUFFER, CHARLES Name: Name: 19142 EVERGREEN ROAD 19142 EVERGREEN ROAD Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967

Title: V () Delete Title: V (X) Change () Addition
Name: STOUFFER DAVID
Name: STOUFFER DAVID

Name:STOUFFER, DAVIDName:STOUFFER, DAVIDAddress:19142 EVERGREEN ROADAddress:19142 EVERGREEN ROADCity-St-Zip:FORT MYERS, FL 33912City-St-Zip:FORT MYERS, FL 33967

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: CD STOUFFER DPST 09/11/2009