FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

| UNIFORM BUSINESS REPORT (UBR) | | | | | SECRETARY OF STATE DIVISION OF COPPORATIONS | |
|--|--|---|----------------------------------|---|---|-----------------------------------|
| DOCUMENT # P03000146519 030001469 | | | | | 05 SEP 13 AH 10: 54 | |
| VAN HOECK FLOOR | ING, INC | | | | | |
| DO N | IOT WRIT | E IN THIS | SPA | CE | | |
| Principal Place of Business ALMOND TRAIL WAY | | 3. Mailing Address | | | DL | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THI | S SPACE |
| City & State OCALA FL | | City & State | | | 4. FEI Number 35-2221152 | Applied For Not Applicable |
| Zip 34472 | Country USA | Zip | Co | ountry | 5. Certificate of Status Desired | \$8.75 Additional |
| DO NOT WRITE Name SCOTT M V Street A | | | | Name SCOTT M VAN | ess (P.O. Box Number is Not Acce | |
| | | | | City OCALA | FL | Zip Code 34472 |
| State of Ftorida. I | am familiar with, an | d accept the obligation of registered agent and title | ons of regis | stered agent. | ered Agent signature required when reinstati | |
| After M | lay 1, Fee is \$550.0 ded UBR is \$61.25 e to Florida Depart | 0 | | | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR SCOTT M VAN HO 4 ALMOND TRAIL OCALA FL 34472 | DECK | TIT NA ST | LE ME REET ADDRESS IY-ST-ZIP | 2 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NA ST CIT | TLE .ME REET ADDRESS TY-ST-ZIP | 2000603646 10/07/0501055011 | 92 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NA ST | TLE IME REET ADDRESS TY-ST-ZIP | DO NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NA ST CIT | TLE IME REET ADDRESS TY-ST-ZIP | IN THIS SI | PACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NA ST | TLE IME REET ADDRESS TY-ST-ZIP | ; | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NA ST CIT | TLE .ME REET ADDRESS TY-ST-ZIP | | |
| certify that the information as if made under oa | mation indicated on thi ath; that I am an officer | s report or supplementa or director of the corpor | al report is tr ration or the | ue and accurate a receiver or truste | tated in Section 119.07(3)(i), Florida S and that my signature shall have the si se empowered to execute this report a n an address, with all other like empow | ame legal effect s required by |
| SIGNATURE: | ATURE AND TYPED | SCOTT VA | | | 9-12-05 5T | 2-5909 aytime Phone # |

Phone 1-352-622-3365 Fax 1-352-622-7913

APRIL 20, 2005

TO WHOM IT MAY CONCERN:

REF: VAN HOECK FLOORING, INC 35-2221152 P003000146519

MR VAN HOECK IS A NEW CORPORATION WHO DID NOT KNOW WHAT HAD TO BE FILED OR WHEN. HE IS BECOMING AN LLC FOR THE YEAR OR 2005 AND THE FORMS NOW FILED WILL BE THE INITIAL AND FINAL. WE ARE ASKING THAT THE PENALTIES AND INTEREST BE TAKEN OFF.

THANK YOU

SCOTT M VAN HOECK