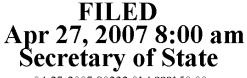
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000147484 1. Entity Name TYSER FLOORING INC

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



04-27-2007 90232 014 ***150.00

Daytime Phone #

TTOLKT LOOKING, INC.									
Principal Place of Business 3845 NIGHTHAWK DR PALM HARBOR, FL 34684		Mailing Address 3845 NIGHTHAWK DR PALM HARBOR, FL 34684							
2 Principal Place of	Rusiness - No P.O. Roy #	3. Mailing Address	 -						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						i eisei ieili ele	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02102007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number 20-0478	628)—————————————————————————————————————	plied For
Zip	Country	Zip	Zip Country			Status Desired		8.75 Add	litional
6. Name and Address of Current		Registered Agent			7. Name and A	ddress of New Re			
				Name					
TYSER, KELLY 3845 NIGHTHAWK DR PALM HARBOR, FL 34684				Street Address	(P.O. Box Number	is Not Acceptable)		
				City			FL	Zip Code	e
8. The above named the obligations of	d entity submits this statement of registered agent.	or the purpose of chan	ging its registere	ed office or registe	ered agent, or both	, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	e, typed or printed name of registered agen	and title if applicable	(NOTE: Registere	d Agent signature require	ed when reinstating)		DATÉ		
	W ill FEE IS \$150.00 2007 Fee will be \$550		Campaign Finan		5.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE PD								☐ Change	☐ Addition
STREET ADDRESS 3845 NIGHTHAWK DR				ET ADDRESS - ST-ZIP					
THTLE	☐ Delete TITL							☐ Change	☐ Addition
NAME	NAN			_					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
TITLE		☐ Dele						☐ Change	Addition
NAME -	-	-	- NAM		-	_			-·
STREET ADDRESS CITY-ST-ZIP				ET ADDR ESS - ST- ZIP					
TITLE		☐ Dele						☐ Change	Addition
NAME			NAM	E					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
TITLE		☐ Dele						☐ Change	☐ Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS					}
CITY-ST-ZIP FITLE		□ Dele		- ST- ZIP				☐ Change	Addition
NAME		LJ Dete	NAM					Change	Audition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	handle state	L 11 - 10		- ST - ZIP			<u> </u>		
indicated on this of the corporation	that the information supplied wit or report or supplemental report on or the receiver or trustee emp an attachment with an address,	is true and accurate an nowered to execute this	nd that my signal s report as requi	ture shall have the	same legal effect	as if made under o	oath; that I a	m an officer	or director