


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90185 025 ***150.00

DOCUMENT # P04000001937	
1. Entity Name STOREY'S FLOORING INC	

Principal Place of Business 1729 64TH TERRACE SOUTH WEST PALM BEACH, FL 33415 US	Mailing Address 1729 64TH TERRACE SOUTH WEST PALM BEACH, FL 33415 US
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2. Principal Place of Business 3882 7 Ave. North Suite, Apt. #, etc.	3. Mailing Address 3882 7th AVE. N. Suite, Apt. #, etc.
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02172005 Chg-P CR2E034 (10/03)

City & State lake worth FL	City & State lake worth FL	4. FEI Number 80-0089963	Applied For Not Applicable
Zip 33461	Country US	Zip 33461	Country US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STOREY, ROBERT J 1729 64TH TERRACE SOUTH WEST PALM BEACH, FL 33415	7. Name and Address of New Registered Agent Name: STOREY Robert J Street Address (P.O. Box Number is Not Acceptable): 3882 7 Ave. North City: lake worth FL Zip Code: 33461
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	STOREY, ROBERT J <input type="checkbox"/> Delete	TITLE P	STOREY, Robert J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1729 64TH TERRACE SOUTH	NAME	3882 7th Ave. North
STREET ADDRESS	WEST PALM BEACH, FL 33415	STREET ADDRESS	lake worth FL 33461
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Robert Storey 2/21/05 561 541-9720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #