2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED May 10, 2006 08:00 AN Secretary of State DOCUMENT # P04000002974 D.J. WILLIAMSON & SONS WOOD FLOORING, INC. Principal Place of Business Mailing Address 360 GREGORY RD 360 GREGORY RD W PALM BEACH, FL 33405 W PALM BEACH, FL 33405 04052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number 34-1975991 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMSON, DENNIS DO NOT WRITE 360 GREGORY RD W PALM BEACH, FL 33405 IN THIS SPACE 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 ered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILLIAMSON, DENNIS NAME STREET ADDRESS 360 GREGORY RD CITY-ST-ZIP W PALM BEACH, FL 33405 TITLE U00000563952 05/20/06-80036-005,550.00 WILLIAMSON, KATHERINE NAME STREET ADDRESS 360 GREGORY RD CITY-ST-ZIP W PALM BEACH, FL 33405 TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE TITLE

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 exprovered.

SIGNATURE: 0

NAME STREET ADDRESS CRY-SY-7IP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR