## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 12, 2006 08:00 AM Secretary of State DOCUMENT # P04000008686 1. Entity Name SUNSHINE STATE FLOORING CORP. Principal Place of Business Mailing Address 112 APPIAN WAY 112 APPIAN WAY KISSIMMEE, FL 34758 KISSIMMEE, FL 34758 01082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0572155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUIZ, JORGE L DO NOT WRITE 112 APPIAN WAY KISSIMMEE, FL 34758 IN THIS SPACE 3. 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. 200 C SIGNATURE red agent and title it applicable (NOTE: Registered Agent signsture required when reinstating) DATE *U00*000382859 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 01/12/06-80031-004 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RUIZ, JORGE L STREET ADDRESS 112 APPIAN WAY C0Y-S1-212 KISSIMMEE, FL 34758 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE 01Y-ST-7P IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filing 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 trusted 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. O06 SIGNATURE:

Daytima Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR