2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# P04000043216

Entity Name: ALLIED FLOORS DIRECT OF CLERMONT INC.

Current Principal Place of Business:

644 E HWY 50
CLERMONT, FL 34711 US

New Principal Place of Business:

680 E HWY 50
CLERMONT, FL 34711 US

Current Mailing Address:

644 E HWY 50
CLERMONT, FL 34711 US

New Mailing Address:

680 E HWY 50
CLERMONT, FL 34711 US

FEI Number: 54-2146823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERRIOS, MIGDALIA
3825 GLEN FORD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BERRIOS, RAYMOND
Address: 3825 GLEN FORD DR
City-St-Zip: CLERMONT, FL 34711

Title: ST ( ) Delete
Name: BERRIOS, MIGDALIA
Address: 3825 GLEN FORD DR
City-St-Zip: CLERMONT, FL 34711

Title: V ( ) Delete
Name: BERRIOS, JONATHAN
Address: 3825 GLEN FORD DR
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: BERRIOS, JENNIFER
Address: 3825 GLEN FORD DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGDALIA BERRIOS OWNE 04/03/2006

Electronic Signature of Signing Officer or Director Date