2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049178

Entity Name: NEXT STEP FLOORING, INC.

FILED Mar 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8414 SAN ARDO DRIVE 636 E TROPICAL TRACE
JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32259

Current Mailing Address: New Mailing Address:

8414 SAN ARDO DRIVE 636 E TROPICAL TRACE JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32259

FEI Number: 20-0877988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHAMLATY, STEPHANIE S
8414 SAN ARDO DRIVE
JACKSONVILLE, FL 32217 US
SHAMLATY, STEPHANIE S
636 E TROPICAL TRACE
JACKSONVILLE, FL 32259 US

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: STEPHANIE S. SHAMLATY 03/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Name: SHAMLATY, MICHAEL R

Address: 8414 SAN ARDO DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

 Title:
 VP
 () Delete

 Name:
 SHAMLATY, STEPHANIE S

 Address:
 8414 SAN ARDO DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: SHAMLATY, MICHAEL R Address: 636 E. TROPICAL TRACE City-St-Zip: JACKSONVILLE, FL 32259

Title: VP (X) Change () Addition

Name: SHAMLATY, STEPHANIE S Address: 636 E. TROPICAL TRACE City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHANIE S. SHAMLATY VP 03/28/2005