2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 18, 2006 8:00 am Secretary of State 07-18-2006 90084 040 ***150.00

Address Making Address Als NOTTINGHAM BLVD. WEST PALM BEACH, FL 33405 US 13. Mailing Address Suite, Apil. #, etc. City & State City & State City & State County Zip County Zip County Zip County S. Certificate of Status Desired 6. Name and Address of Current Registered Agent RROWN, ELIZABETH M 3094 JOG ROAD GREENACRES, FL 33467 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. Signature File NowIII FEE IS \$150.00 Due by September 6, 2006 7. Receive a development agent of mile statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida, I am familiar with, and act the obligations of registered agent. Signature File NoWIII FEE IS \$150.00 Due by September 6, 2006 7. Election Campaign Francing Trust Fund Contribution Till NAME MATARAZZO, STACEY T SIRRET MORESS TILL WEST PALM BEACH, FL 33405 TILL NAME MATARAZZO, GEORGE MATARAZZO, GEORGE MATARAZZO, GEORGE TILL NAME MATARAZZO, GEORGE MATARAZZO, CATHLEEN MATARAZO,	DOCUMENT # P0400051728 1. Enlity Name COMMERCIAL FLOORING CONTRACTORS, INC.						A UHUARRI				
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) ### NOTTING NAME City of the Decide P.C. P.C. P.C. P.C. P.C.	\ \\\(\frac{1}{2}\lambda \frac{1}{2}\lambda 1										
City CoT TRLM Beach FL Zip Code 3 3 2 6 5 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 act the obligations of registyfied agent. SIGNATURE Signature Manager of registered agent a	3094 JOG ROAD				Street Address (P.O. Box Number is Not Acceptable)						
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 act the obligations of registyfied agent. SIGNATURE SignAture	GREENACRES, FL 33467				- 1		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
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 act the obligations of registered agent. SIGNATURE Signature: Syndium speed or prelief agent. SIGNATURE FILE NOWILL FEE IS \$150.00 Due by September 6, 2006 P. Election Campaign Financing Trust Fund Contribution. Delete Title NAME MATARAZZO, STACEY T SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 INC. SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 INC. SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 INC. SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 INC. SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 INC. SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 INC. SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 INC. SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 INC. SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 INC. SIREET ADDRESS SIREET ADRESS SIREET ADR						ST PAI	m Beac	h FL	Zip Cod	105	
Due by September 6, 2006 Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE P	the obligat		atarezro	K	ATHLEE	N MATA	·	Florida. I am fami	liar with,	and accept	
TITLE NAME MATARAZZO, STACEY T STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 ITILE NAME MATARAZZO, GEORGE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 ITILE NAME MATARAZZO, GEORGE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 CITY-ST-ZIP ITILE S MATARAZZO, KATHLEEN STREET ADDRESS 418 NOTTINGHAM BLVD. Delete TITLE NAME STREET ADDRESS	Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not received.							id not receive th	e prior i	notice.	
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UIT-SI-DE VYEST FALM BEACH, FL 33403	NAME	MATARAZZO, KATHLEEN		NAM STRE	ET ADDRESS	PRESIDEN	T	×	Change	Addition	
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TITLE NAME 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 each; that I am an officer or directly 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that I am an officer or directly supplied with this filing does not qualify for the exemptions.	NAME STREET ADDRESS CITY-ST-ZIP	positive that the intermedian supplied with		NAM STRE CITY	EET AODRESS -ST-ZIP	erained in Chart-	110 Florida Carres			Addition	

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, Horida 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.