2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # P04000056576 Feb 10, 2006 08:00 AN 1. Entity Name **Secretary of State** B AND B FLOORS INC Principal Place of Business Mailing Address 1314 NEPTUNE DRIVE 1314 NEPTUNE DRIVE **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-1044108 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRUEGER, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 7744 CAOBA COURT LAKE WORTH FL 33467 City Zip Code 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 ROBORT SIGNATURE FILE NOW!!! FEE (\$ \$150.00) 9. Election Campaign Financing \$5.00 May ₽ After May 1, 2006 Fee Will 9e \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. BILE ☐ Delete HHF ☐ Change Additio U00000429153 NAME BURROWS, ROBERT T MAME 02/21/06-80077-016 150.00 STREET ADDRESS STREET ADDRESS 1314 NEPTUNE DRIVE STE4 CHY-ST-ZIP BOYNTON BEACH FL 33426 CITY-ST-ZIP TITLE DOO □ Delete TITLE Change Artditt. NAME KRUEGER, ROBERT E NAME STREET ADDRESS STREET ADDRESS 1314 NEPTUNE DRIVE STE4 CITY-ST-7IP CITY-ST-ZIP BOYNTON BEACH FL 33426 TITLE Delete ☐ Add: ☐ Change NAME NAME STREET ADDRESS STHEET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Aria" TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Aridit. NAME NAMP STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Additi-MAASE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1:

ROBERT E.

12806 561 476-911