ANNUAL KEPUKI (AK)

SIGNATURE:

DOCUMENT # P04000058529 **FILED** 1. Entity Name Mar 06, 2006 08:00 AM Secretary of State JAMIE L CARR FLOORING INC. Principal Place of Business Mailing Address 14620 PARADISE TRAIL 14620 PARADISE TRAIL LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-4163035 Not Applicat Zip Country Country Zio \$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 CARR, JAMIE Street Address (P.O. Box Number is Not Acceptable) 14620 PARADISE TRAIL LOXAHATCHEE FL 33470 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaturg) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee Will Re \$550.00 9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tt. TITLE ☐ Delete TITLE Change □ Add*** CARR, JAMIE NAME NAME H00**0**H0455**8**02 STREET AUURESS 14620 PARADISE TRAIL STREET ADDRESS 03/16/06 90003-005 158.75 CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-78P THTLE ☐ Delete ITTLE ☐ Change ☐ Artiffin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITEE ☐ Delete TITLE Change in the NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Сћапре □ Ad. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Dolete រាយ e ☐ Change □ #4. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ A4 NAME MAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CUTY-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 informatic 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 directed 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 if changed, or on an attachment with an address, with all other like empowered.

3/2/86 (85/1275-003