

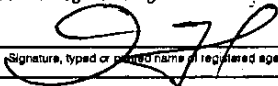
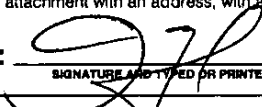


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90032 008 ***150.00

DOCUMENT # P04000077181 1. Entity Name ARTLIFE FLOORING, CORP.					
Principal Place of Business 4385 SW 10TH PLACE SUITE #204 DEERFIELD BEACH, FL 33442 US			Mailing Address 4385 SW 10TH PLACE SUITE #204 DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business 5861 RIVERSIDE DR. Suite, Apt. #, etc. #106 City & State CORAL SPRINGS, FLORIDA		3. Mailing Address 5861 RIVERSIDE DR. Suite, Apt. #, etc. #106 City & State CORAL SPRINGS, FLORIDA			
Zip 33067 Country FLORIDA, USA		Zip 33067 Country USA		4. FEI Number 20-1120041 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MACHADO, CARLOS G 4385 SW 10TH PLACE SUITE #204 DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 <u></u> <u>CARLOS G. MACHADO.</u> <u>04/06/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHADO, CARLOS G 4385 SW 10TH PLACE #204 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u></u> <u>CARLOS G. MACHADO</u> <u>04/06/05</u> <u>5617154488</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					