2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mailing Address

P 0 BOX 2173

3. Mailing Address

City & State

Suite, Apt. #, etc

VERO BEACH, FL 32961--217 US

Country

City

DOCUMENT # P04000098893

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

VERO BEACH, FL 32961-2173 US

831 9TH STREET SW

Suite, Apt. #, etc.

ALKAYALY, AHMAD J

VERO BAECH, FL 32968

City & State

6375 7TH PL.

Zio

AJ'S FLOORS UNLIMITED INC.

2. Principal Place of Business - No P.O Box #



FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90188 040 ***150.00



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 inquired when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME ALKAYALY, AHMAD J NAME STREET ADDRESS P O BOX 2173 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32961 CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Change ☐ Addition ALKAYALY, SALLY A NAME NAME STREET ADDRESS P O BOX 2173 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32961 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 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 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 attachment with an address, with all attachment.

OFFICER OR DIRECTOR

860106

Form 940 for 2006: Employer's Annual Federal Unemployment (F Department of the Treasury - Internal Revenue Service OMB No. 1545-0028 XX 20-1526881 Type of Return (Check all that apply.) 4300 ****AUTO**5-DIGIT 32961 DEC500P Z 54 В a. Amended AJ S FLOORS UNLIMITED INC Y AMMAD J ALKAYALY E745 XOB OP b. Successor employer VERO BEACH FL c. No payments to employees 35467-5743 in 2006 Inflantational medical from the color by the d. Final: Business closed or stopped paying wages Read the separate instructions before you fill out this form. Please type or print within the boxes. Part 1: Tell us about your return. If any line does NOT apply, leave it blank If you were required to pay your state unemployment tax in ... 1a One state only, write the state abbreviation . - OR -1b More than one state (You are a multi-state employer) Check here. Fill out Schedule A. Part 2: Determine your FUTA tax before adjustments for 2006. If any line does NOT apply, leave it blank. Total payments to all employees Payments exempt from FUTA tax 4c Retirement/Pension 4e L Check all that apply: 4a L Fringe benefits 4b Group term life insurance 4d Dependent care Total of payments made to each employee in excess of \$7,000 Subtotal (line 4 + line 5 = line 6) 7 Total taxable FUTA wages (line 3 – line 6 = line 7) FUTA tax before adjustments (line $7 \times .008 = line 8$) 8 Part 3: Determine your adjustments. If any line does NOT apply, leave it blank. If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054 (line $7 \times .054 = \text{line 9}$). Then go to line 12 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), fill out the worksheet in the instructions. Enter the amount from line 7 of the worksheet onto line 10 Part 4: Determine your FUTA tax and balance due or overpayment for 2006. If any line does NOT apply, leave it blank. Total FUTA tax after adjustments (lines 8 + 9 + 10 = line 12) FUTA tax deposited for the year, including any payment applied from a prior year 13 Balance due (If line 12 is more than line 13, enter the difference on line 14.) If line 14 is more than \$500, you must deposit your tax. If line 14 is \$500 or less and you pay by check, make your check payable to the United States Overpayment (If line 13 is more than line 12, enter the difference on line 15 and check a box Check one Apply to next return. You MUST fill out both pages of this form and SIGN it. Send a refund.