

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103576

FILED
Jan 20, 2009
Secretary of State

Entity Name: GOLD STAR FLOORING CORP.

Current Principal Place of Business:

4500 SW 194 AVE
DUNNELLON, FL 34433

New Principal Place of Business:

Current Mailing Address:

4500 SW 194 AVE
DUNNELLON, FL 34433

New Mailing Address:

FEI Number: 80-0114380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLDRIDGE, KAREN
4500 SW 194 AVE
DUNNELLON, FL 34433 US

Name and Address of New Registered Agent:

LEHMAN, KAREN
4500 SW 194 AVE
DUNNELLON, FL 34433 US

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.

SIGNATURE: KAREN LEHMAN

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: THOMPSON, DAWN
Address: 19210 SW 44 ST
City-St-Zip: DUNNELLON, FL 34433

Title: D () Delete
Name: WOOLDRIDGE, KAREN
Address: 4500 SW 194 AVE
City-St-Zip: DUNNELLON, FL 34433

Title: OD () Delete
Name: LETTMAN, EDDIE
Address: 4445 S W 35 TERR
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEHMAN, KAREN
Address: 4500 SW 194 AVE
City-St-Zip: DUNNELLON, FL 34433

Title: OD (X) Change () Addition
Name: LEHMAN, EDDIE
Address: 4445 S W 35 TERR
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE LEHMAN

OD

01/20/2009

Electronic Signature of Signing Officer or Director

Date