


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90012 007 \*\*\*550.00

<b>DOCUMENT # P04000134095</b> 1. Entity Name WHOLESALE FLOORING SOLUTIONS INC.	
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Principal Place of Business 2814 NW 79TH AVE MIAMI, FL 33122	Mailing Address 9775 SW 84 STREET MIAMI, FL 33173
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2. Principal Place of Business 10850 NW 21st. Suite, Apt. #, etc. Suite # 130	3. Mailing Address 10850 NW 21st. Suite, Apt. #, etc. Suite # 130
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City & State Miami FL	City & State Miami FL
Zip 33172	Zip 33172
Country	Country

40094144



04112006 Chg-P CR2E034 (11/05)

4. FEI Number 43-2061211	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  COLUNGA, JOAQUIN 2814 NW 79TH AVE MIAMI, FL 33122
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7. Name and Address of New Registered Agent Name Colunga, Joaquin Street Address (P.O. Box Number is Not Acceptable) 10850 NW 21st. Suite # 130 City Miami, FL Zip Code 33172
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLUNGA, JOAQUIN 9755 SW 84 STREET MIAMI, FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GELABERT, MARIE E 9755 SW 84 STREET MIAMI, FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE: 	Date: 4/11/2006	Daytime Phone #: (305) 471-6125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		