

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90039 026 \*\*\*150.00



**DOCUMENT # P05000013091**  
 1. Entity Name  
**ANDREW PATTEN FLOORING INC.**

Principal Place of Business 1607 16TH WAY WEST PALM BEACH, FL 33407 US	Mailing Address 1607 16TH WAY WEST PALM BEACH, FL 33407 US
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2. Principal Place of Business - No P.O. Box # <b>13760 82ND LANE NORTH</b>	3. Mailing Address <b>13760 82ND LANE NORTH</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01142007 Chg-P CR2E034 (12/06)

City & State <b>WEST PALM BEACH</b>	City & State <b>WEST PALM BEACH</b>	4. FEI Number <b>37-1503557</b>	Applied For Not Applicable
Zip <b>FL 33412</b>	Country <b>PALM BEACH</b>	Zip <b>FL 33412</b>	Country <b>PALM BEACH</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>8. Name and Address of Current Registered Agent</b> PATTEN, ANDREW 1607 16TH WAY WEST PALM BEACH, FL 33407	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Andrew Patten

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> PATTEN, ANDREW 1607 16TH WAY WEST PALM BEACH, FL 33407 <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 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: Andrew Patten  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07-561-351-6203  
 Date Daytime Phone #