2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 08, 2006 8:00 am Secretary of State DOCUMENT # P05000031512 1. Entity Name 05-08-2006 90296 023 ***150.00 NICK'S FLOORING, INC. Principal Place of Business Mailing Address 145 DENTON AVENUE 145 DENTON AVENUE AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 2. Principal Place of Business 3. Mailing Address P.O. Box 807 Eugena Suite, Apt. #, etc. Orive Suite, Apt. #, etc. 04262006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JANNEY, NICKOLAS Street Address (P.O. Box Number is Not Acceptable 145 DENTON AVENUE AUBURNDALE, FL 33823 Zip Code pournaa 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, Change ПВΕ Delete TITLE JANNEY, NICKOLAS NAME NAME 807 Eugena Drive Auburndale, FL 33823 145 DENTON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP ☐ Addition Delete TITLE BERG, RICHARD V NAME NAME STREET ADDRESS 2703 GIB GALLOWAY ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-7P TITLE Delete TITLE ☐ Addition ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITI F 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 filling 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. A) JAMAS OF SIGNING OFFICER OR DIRECTOR Nicholas SIGNATURE:

FILED