

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

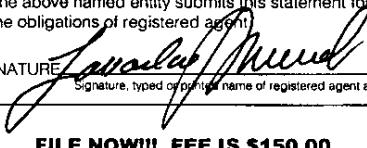
DOCUMENT # P05000070147		
1. Entity Name MAREK WOOD FLOORS INC		

Principal Place of Business 2260 STICKNEY POINT RD - UNIT 305 SARASOTA, FL 34231-4040	Mailing Address 2260 STICKNEY POINT RD - UNIT 305 SARASOTA, FL 34231-4040
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. <b>4140 CENTRAL SARASOTA PKWY # 1218</b>	3. Mailing Address  City & State <b>SARASOTA, FL</b>
Zip <b>34238</b>	Country
Zip	Country

6. Name and Address of Current Registered Agent  MAREK, JAROSLAV 2260 STICKNEY POINT RD - UNIT 305 SARASOTA, FL 34231	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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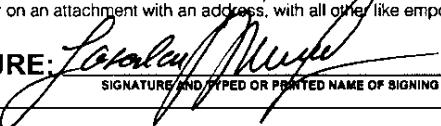
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:   
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAREK, JAROSLAV 2260 STICKNEY POINT RD - UNIT 305 SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAREK JAROSLAV</b> <b>4140 CENTRAL SARASOTA PKWY # 1218</b> <b>SARASOTA, FL 34238</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOPIAK, LADISLAV 2260 STICKNEY POINT RD, UNIT 305 SARASOTA, FL 34231	<input checked="" 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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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
03-18-2008  
Date  
Daytime Phone #

**FILED  
Mar 24, 2008 8:00 am  
Secretary of State**

03-24-2008 90064 024 \*\*\*150.00

40001400



03182008 Chg-P CR2E034 (12/06)

4. FEI Number <b>51-0473243</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**