

DOCUMENT# P05000071300

Entity Name: CUSTOM FLOORING DISTRIBUTORS, INC.

Current Principal Place of Business:

3418 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

New Principal Place of Business:**Current Mailing Address:**

3418 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

New Mailing Address:

FEI Number: _____ FEI Number Applied For (X) _____ FEI Number Not Applicable () _____ Certificate of Status Desired () _____

Name and Address of Current Registered Agent:

MOORHEAD, DOUG
3418 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date _____

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORHEAD, DOUG
Address: 3418 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

Title: V () Delete
Name: COON, STEVE
Address: 3418 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUG MOORHEAD

P

04/13/2006

Electronic Signature of Signing Officer or Director

Date _____