2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090647

City-St-Zip:

Entity Name: WHOLESALE WOOD FLOORS, INC.

FILED Jan 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8110 CYPRESS PLAZA DRIVE UNIT 305 JACKSONVILLE, FL 32256 **Current Mailing Address: New Mailing Address:** 8110 CYPRESS PLAZA DRIVE UNIT 305 JACKSONVILLE, FL 32256 FEI Number: 20-3092366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL, CHARLES E 77 ALMERIA STREET ST AUGUSTINE, FL 32084 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition TSISTINAS, MARK TSISTINAS, MARK Name: Name: 1 BUFFALO MEADOW LANE 1 BUFFALO MEADOW LANE Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137 Title: DVS Title: (X) Change () Addition () Delete Name: TSISTINAS, THEODORE Name: TSISTINAS JR, THEODORE 1413 KILRUSH DRIVE 1413 KILRUSH DRIVE Address: Address: ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete DS CASEY, GERARD Name: Name: 727 SOUTH FIFTH STREET Address Address: City-St-Zip: City-St-Zip: LINDENHURST, NY 11757 Title: () Delete Title: DV () Change (X) Addition ANDERSON, SCOTT T Name: Name: Address: Address: 252 SOUTH FOURTH STREET

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.

City-St-Zip:

LINDENHURST, NY 11757

SIGNATURE: THEODORE TSISTINAS JR DVS 01/02/2007