2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P05000102884 07-25-2006 90077 001 ***150.00 07-25-2006 90077 002 *****8.75 OSBORNE FLOORING INC. Mailing Address Principal Place of Business 4240 53RD AVE W APT 2712 66022228 4240 53RD AVE W APT 2712 BRADENTON, FL 34210 BRADENTON, FL 34210 3. Mailing Address 2. Principal Place of Business 7798 Eagle 7798 Eagle Creek Or CICCK Dr Suite, Apt. #, etc 07202006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable 43-2087093 Sarasota <u>Saracota</u> Country \$8.75 Additional 5. Certificate of Status Desired 34243 Fee Required USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michael B. Osborn e OSBORNE, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 4240 53RD AVE W APT 2712 BRADENTON, FL 34210 Eagle Creck 34243 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 d agent and title if applica (NOTE: Registered Agent signature required when reinstating \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Change ☐ Addition TITLE OSBORNE, MICHAEL OSBORNE, MICHAEL B NAME NAME Eagle Creck 01 4240 53RD AVE W APT 2712 STREET ADDRESS STREET ADDRESS 34243 CITY-ST-ZIP BRADENTON, FL 34210 CITY-ST-ZIP TITLE Delete ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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.

ER OR DIRECTOR

FILED Jul 25, 2006 8:00 am