

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000103198

1. Entity Name
ACROSS THE BOARD FLOORING INC.



**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90411 022 ***158.75

Principal Place of Business
6060 ALBANESE AV
COCOA, FL 32927 US

Mailing Address
6060 ALBANESE AV
COCOA, FL 32927 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04192006 Chg-P CR2E034 (11/05)

4. FEI Number
203204375 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILDEBRAND, ELIZABETH T
6060 ALBANESE AV
COCOA, FL 32927

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code

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 *Elizabeth T Hildebrand* Elizabeth T Hildebrand Pres DATE *4-19-2006*

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILDEBRAND, ELIZABETH T 6060 ALBANESE AV COCOA, FL 32927	<input 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	VP DITTEMER, RAYMOND J 955 PALM ST. COCOA, FL 32927	<input 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	S HILDEBRAND, ERIC D 6060 ALBANESE AV COCOA, FL 32927	<input 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	T DITTEMER, KELLY A 955 PALM ST. COCOA, FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 *Elizabeth T Hildebrand* Elizabeth T Hildebrand Date *4-19-2006* Daytime Phone # *482-5195*

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