


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000108888**  
 1. Entity Name  
**G.T. FLOOR COVERING, INC.**



Principal Place of Business      Mailing Address  
**18521 ST. PAUL DR.**      **18521 ST. PAUL DR.**  
**SPRING HILL, FL 34610**      **SPRING HILL, FL 34610**

**DO NOT WRITE IN THIS SPACE**



01082007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3812840</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**THOMSON, GERALD**  
**18521 ST PAUL DR**  
**SPRING HILL, FL 34610**

**DO NOT WRITE IN THIS SPACE**

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: *Gerald Thomson*      DATE: 1-9-07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **---\$5.00 May Be Added to Fees---**

10. OFFICERS AND DIRECTORS:

TITLE	P
NAME	THOMSON, GERALD
STREET ADDRESS	18521 ST PAUL DR
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/17/07-80057-014 150.00

**DO NOT WRITE IN THIS SPACE**

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 an other like empowered.

SIGNATURE: *Gerald Thomson*      DATE: 1-9-07      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #