


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90092 009 ***150.00

DOCUMENT # P05000131403	
1. Entity Name FLOORING IDEAS, INC.	

Principal Place of Business 20195 ALBURY DR. PT. CHARLOTTE, FL 33950	Mailing Address 20195 ALBURY DR. PT. CHARLOTTE, FL 33950
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2. Principal Place of Business 317 N. Tamiami Tr. Suite, Apt. #, etc.	3. Mailing Address 317 N. Tamiami Tr. Suite, Apt. #, etc.
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City & State Punta Gorda, FL	City & State Punta Gorda, FL
Zip 33950	Country USA



04052006 Chg-P CR2E034 (11/05)

4. FEI Number 38-3727648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCNEALY, CLIFTON 20195 ALBURY DR. PT. CHARLOTTE, FL 33950	
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7. Name and Address of New Registered Agent Name Mc Nealy, Clifton Street Address (P.O. Box Number is Not Acceptable) 20195 Albury Dr. City Port Charlotte FL Zip Code 33952	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MCNEALY, CLIFTON 20195 ALBURY DR. PT. CHARLOTTE, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MCNEALY CLIFTON 20195 Albury Dr. Port Charlotte, FL. 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T MCNEALY, CLIFTON 20195 ALBURY DR. PT. CHARLOTTE, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T MCNEALY Clifton 20195 Albury Dr. Port Charlotte, FL. 33952 <input checked="" 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
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
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: <u>Clifton McNealy</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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