2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007798

Entity Name: NU FLOORZ, INC.

FILED May 10, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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12004 PLANTAIN CT. 12508 CLYDESDALE CT TAMPA, FL 33635 TAMPA, FL 33626

Current Mailing Address: New Mailing Address:

12004 PLANTAIN CT. 12508 CLYDESDALE CT TAMPA, FL 33635 TAMPA, FL 33626

FEI Number: 04-3840171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORD, SHANNON
12004 PLANTAIN CT.
TAMPA, FL 33635 US
FORD, SHANNON
12508 CLYDESDALE CT
TAMPA, FL 33626 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: SHANNON FORD 05/10/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR () Delete Title: PRES (X) Change () Addition

 Name:
 FORD, KEVIN
 Name:
 FORD, KEVIN

 Address:
 12004 PLANTAIN CT.
 Address:
 12508 CLYDESDALE CT

 City-St-Zip:
 TAMPA, FL 33635
 City-St-Zip:
 TAMPA, FL 33626

Title: DIR () Delete Title: VP (X) Change () Addition
Name: FORD SHANNON Name: RUDISIL GUY

 Name:
 FORD, SHANNON
 Name:
 RUDISILL, GUY

 Address:
 12004 PLANTAIN CT.
 Address:
 12508 CLYDESDALE CT

 City-St-Zip:
 TAMPA, FL 33635
 City-St-Zip:
 TAMPA, FL 33626

Title: SEC () Change (X) Addition

 Name:
 Name:
 FORD, SHANNON

 Address:
 Address:
 12508 CLYDESDALE CT

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33626

Title: () Delete Title: TREA () Change (X) Addition

 Name:
 Name:
 RUDISILL, SHEILA

 Address:
 Address:
 12508 CLYDESDALE CT

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: KEVIN FORD PRES 05/10/2007