


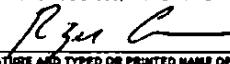


2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/11/2007-90042-012-\$150.00-\$150.00

DOCUMENT # P06000015288 1. Entity Name ALL AMERICAN FLOORING & MORE INC.						FILED 07 MAY 22 PM 1:53 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2908 ROCK SPRING ROAD NORTH APOPKA, FL 32712				Mailing Address 2908 ROCK SPRING ROAD NORTH APOPKA, FL 32712			
2. Principal Place of Business - No P.O. Box # 909 E. Sandpiper Street		3. Mailing Address 					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State Apopka		City & State 					
Zip 32712		Country OR My		Zip 		Country 	
4. FEI Number				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 COWAN, ROGER 2908 ROCK SPRING ROAD NORTH APOPKA, FL 32712				7. Name and Address of New Registered Agent Name ROGER COWAN Street Address (P.O. Box Number is Not Acceptable) 909 EAST Sandpiper St City Apopka FL Zip Code 32712			
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  (NOTE: Registered Agent signature required when re-registering) DATE							
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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/D COWAN, ROGER 320 LONGHORN DRIVE APOPKA, FL 32712	<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 WHITESEL, CURTIS 2908 ROCK SPRING ROAD NORTH APOPKA, FL 32712	<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 COWAN, ROGER 320 LONGHORN DRIVE APOPKA, FL 32712	<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 COWAN, JONATHAN 2908 ROCK SPRING ROAD NORTH APOPKA, FL 32712	<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: 				04-06-07 407885-5815			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			