


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 002 ***150.00

DOCUMENT # P06000045129 1. Entity Name ABEL & ALICE FLOORING, INC.																																					
Principal Place of Business 37425 FIESTA DR. DADE CITY, FL 33523 US			Mailing Address 37425 FIESTA DR. DADE CITY, FL 33523 US																																		
2. Principal Place of Business - No P.O. Box # 15300 Pinellas Ave		3. Mailing Address 15300 Pinellas Ave.																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																			
City & State Dade City		City & State Dade City		4. FEI Number 20-4586620																																	
Zip 33523		Country USA		Applied For <input type="checkbox"/> Not Applicable																																	
Zip 33523		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent ISAAK & ZWIRN, P.A. 2102 W. CASS ST. SUITE 200 TAMPA, FL 33606			7. Name and Address of Now Registered Agent Name Abel Salazar Street Address (P.O. Box Number is Not Acceptable) 15300 Pinellas Ave. City Dade City FL Zip Code 33523																																		
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 <u><i>Abel H. Salazar</i></u> DATE <u>4/16/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> P SALAZAR, ABEL 37425 FIESTA DR. DADE CITY, FL 33523 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAZAR, ABEL 37425 FIESTA DR. DADE CITY, FL 33523 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> P Salazar, Abel 15300 Pinellas Ave. Dade City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Salazar, Abel 15300 Pinellas Ave. Dade City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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><i>Abel H. Salazar</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/16/2008</u> (352) Daytime Phone # <u>458-2578</u>																																		