


FILED
Apr 26, 2007 8:00 am
Secretary of State

40082774

DOCUMENT # P06000074925

1. Entity Name
FLOORING FX, INC.



Principal Place of Business
403 HILLSIDE AVE.
LAKE PLACID, FL 33852

Mailing Address
403 HILLSIDE AVE.
LAKE PLACID, FL 33852

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

CLEARY, FRANCIS X
403 HILLSIDE AVE.
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

CityFLZip Code

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
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 NAME STREET ADDRESS CITY-ST-ZIP
PSD CLEARY, FRANCIS X 403 HILLSIDE AVE. LAKE PLACID, FL 33852
VTD CLEARY, FRANCIS X 403 HILLSIDE AVE. LAKE PLACID, FL 33852

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
VTD Cleary, Jan M. 403 Hillside Ave. Lake Placid, FL 33852

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: Francis X Cleary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/30/07 863-610-0746
Date Daytime Phone #