2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 09, 2008 8:00 am Secretary of State DOCUMENT # P06000116506 05-09-2008 90028 001 ***450.00 1. Entity Name COST FLOORING, INC. Principal Place of Business Mailing Address 66010371 8702 MARLAMORE LANE 8702 MARLAMORE LANE WEST PALM BEACH, FL 33412 US WEST PALM BEACH, FL 33412 CR2E034 (11/05) 01142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5524066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired The Carly Comment and the programme was a called the Carly Digital interesting in a se Fee Required -6. Name and Address of Current Registered Agent COST, RICHARD DO NOT WRITE 8702 MARLAMORE LANE WEST PALM BEACH, FL 33412 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. P S TITLE COST, RICHARD NAME STREET ADDRESS 8702 MARLAMORE LANE WEST PALM BEACH, FL 33412 CITY-ST-7IP T, D TITLE COST, RICHARD NAME 8702 MARLAMORE LANE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33412 NAME STREET ADDRESS DO NOT WRITE City-St-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATU

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED