2008 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 12, 2008 8:00 am Secretary of State DOCUMENT # P07000004012 09-12-2008 90001 034 ***550 00 UNITED FLOORING OF HUDSON INCORPORATED Principal Place of Business Mailing Address 18750 TITUS ROAD 18750 TITUS ROAD 40115767 HUDSON, FL 34667 HUDSON, FL-34667 2. Principal Place of Business - No P.O. Box # 18808 Titus Road 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 08142008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 59 - 374 3887 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code FL 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 ager SIGNATURE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ☐ Addition TITLE ☐ Delete TITLE ☐ Change BUNYON, DONALD NAME NAME 18750 TITUS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP ☐ Channe ☐ Addition TITLE Detete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE IME NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 5 STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

FILED

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: