2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000009324

SIGNATURE:

FLOORMASTER OF PALM BEACH, INC.



FILED Jan 31, 2008 8:00 am Secretary of State 01-31-2008 90028 027 ***150.00

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Suite, Apl. #, etc. Suite, Apl. #, etc.	807 RYANWOOD DRIVE		8	807 RYANWOOD DRIVE				4				
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City & State Country Cou	2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
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Some and Address of Current Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	City & State			City & State						18		
COLUMNA, GLORIA 807 RYANWOOD DRIVE WEST PALM BEACH, FL 33413 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Jurilliar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-ST-2P TIT	Zip	Country		ip Coun		/				_		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of C	Current Regis	tered Agent				7. Name ar	d Address of Ne	w Registered	Agent	
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S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	807 RYANWOOD DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
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 site if applicable. (NOTE Registered Agent signature required when renstating) DATE												
THE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Addition May 1, 2008 Fee will be \$550.00 STREET ADDRESS CITY-ST-ZP						City				FI	Zip Cod	9
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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.

Date

Daytime Phone #

LINTED NAME OF SIGNING DEFICER OR DIRECTOR