2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108615

Entity Name: X-PERT FLOORS, INC

City-St-Zip:

JACKSONVILLE, FL 32246

FILED Apr 27, 2008 Secretary of State

Littly Nai	ille. A-FERTI	LOOKS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
11041 BECKELY PLACE JACKSONVILLE, FL 32246				5610 MARATHON PARKWAY JACKSONVILLE, FL 32244			
Current Mailing Address:				New Mailing Address:			
11041 BECKELY PLACE JACKSONVILLE, FL 32246				5610 MARATHON PARKWAY JACKSONVILLE, FL 32244			
FEI Number: 39-2063595		FEI Number Applied For()	FEI Nun	Number Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
2320 THE	ENNIS E ESQ WOODS DRIV VILLE, FL 322	'E WEST					
The above in the State	named entity see of Florida.	submits this statement for the	purpose o	f changing it	ts registere	d office or registered agent,	or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ANDERSON, G 11041 BECKLE JACKSONVILLI	EY PLACE E, FL 32246 Delete RYAN S EY PLACE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	5610 MARA JACKSONVI D ANDERSON 5610 MARA	(X) Change () Addition , GEORGE M JR. THON PARKWAY LLE, FL 32244 (X) Change () Addition , BRYAN S THON PARKWAY LLE, FL 32244	
Title: Name: Address:	D (X) COWAN, STEP 11041 BECKLE			Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GEORGE M ANDERSON JR D 04/27/2008