2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000068562

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

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FILED May 12, 2009 Secretary of State

Entity Name: WAYNE WILES FLOORCOVERINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7851 SUPPLY DRIVE FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 7851 SUPPLY DRIVE FORT MYERS, FL 33912 FEI Number: 26-3122709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILES, MARK T 7851 SUPPLY DRIVE FORT MYERS, FL 33912 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D () Delete Title: () Change () Addition WILES, MARK T Name: Name: 7851 SUPPLY DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: VΡ () Change (X) Addition Name: Name: FAGAN, KIRK J 2143 GROVE DRIVE Address: Address:

NAPLES, FL 34120

WILES, JOHN W

3709 SE 3RD PLACE

CAPE CORAL, FL 33904

S/T

() Change (X) Addition

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

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.

SIGNATURE: MARK T. WILES P/D 05/12/2009