


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P29951 1. Entity Name COUNTRY FLOORS, INC.	
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Principal Place of Business 1855 GRIFFIN ROAD, STE. B-458 DANIA BEACH, FL 33004	Mailing Address 1855 GRIFFIN ROAD, STE. B-458 DANIA BEACH, FL 33004
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2536574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

COUKIS, LARRY  
D.C.O.T.A. 1855 GRIFFIN ROAD  
STE B-458  
DANIA BEACH, FL 33044

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KARLSON, SHANNON 5670 WILSHIRE BLVD STE 750 LOS ANGELES, CA 90036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HATTON, BARBARA 15 EAST 16TH ST NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANDE, HERMO 5670 WILSHIRE BL., SUITE 750 LOS ANGELES, CA 90036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARLSON, NORMAN 5670 WILSHIRE BLVD STE 750 LOS ANGELES, CA 90036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

U00000399305  
02/01/06-80005-006 158.75

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.

SIGNATURE: Shannon Karlson \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_