


**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"/>	\$8.75 Additional Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reappointing) 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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02/01/06-80005-006 158.75

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IN THIS SPACE**

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 #