## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P29951

Title:

Name:

Address:

City-St-Zip:

Entity Name: COUNTRY FLOORS, INC

FILED Apr 06, 2007 Secretary of State

y		T ECONO, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	FIN ROAD, STE ACH, FL 33004			
Current Mailing Address:			New Mailing Address:	
	FIN ROAD, STE ACH, FL 33004			
FEI Number:	13-2536574	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:	
STE B-458	ARRY 1855 GRIFFIN ACH, FL 33044			
The above in the State		ubmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Agent			t	Date
Election Cam	paign Financing	Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEOP () E KARLSON, SHAN 5670 WILSHIRE LOS ANGELES, O	BLVD STE 750	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP ()E HATTON, BARBA 15 EAST 16TH S' NEW YORK, NY	Т	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP () E GRANDE, HERM 5670 WILSHIRE LOS ANGELES, O	BL., SUITE 750	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SHANNON KARLSON OFFICER MRS 04/06/2007

() Delete

5670 WILSHIRE BLVD STE 750

LOS ANGELES, CA 90036

KARLSON, NORMAN

() Change () Addition