2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State

D	O	C	UM	ENT	#	P29951

1. Entity Name COUNTRY FLOORS, INC.

Principal Place of Business

Mailing Address

1855 GRIFFIN ROAD, STE. B-458 Dania Beach, FL 33004 1855 GRIFFIN ROAD, STE. B-458 Dania Beach, FL 33004



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$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_					DATE						
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE											
	E NOW!!! FEE IS \$150.00 ly 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			U00000934272						
10.	OFFICERS AND DIREC	CTORS									
TITLE	CEOP										
NAME ,	KARLSON, SHANNON										
STREET ADDRESS	5670 WILSHIRE BLVD STE 750										
CITY-ST-ZIP	LOS ANGELES, CA 90036										
fitLE	VP										
NAME	HATTON, BARBARA										
STREET ADDRESS	15 EAST 16TH ST										
CITY-ST-ZIP	NEW YORK, NY 10003										
TITLE	VP		l								
NAME	GRANDE, HERMO										
STREET ADDRESS	5670 WILSHIRE BL., SUITE 750			DΩ	NOT WRITE						
CITY-ST-ZIP	LOS ANGELES, CA 90036			DO	NOI WALLE						
TITLE	S			IN 1	THIS SPACE						
NAME	KARLSON, NORMAN		l .	11.4	IIIIO OI AOL						
STREET ADDRESS	5670 WILSHIRE BLVD STE 750		i .								
CITY-ST-ZIP	LOS ANGELES, CA 90036		1								
TITLE											
NAME											
STREET ADDRESS			I								
CITY-ST-ZIP			1								
TITLE											

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D4/21/08 310.6570510