2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # P93000040246 02-06-2006 90089 030 ***158.75 ABSOLUTE HARDWOOD FLOORING, INC. Principal Place of Business Mailing Address 1241-B OLD OKEECHOBEE ROAD 1241-B OLD OKEECHOBEE ROAD WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0418959 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORDAN, CHRISTOPHER L Street Address (P.O. Box Number is Not Acceptable) 1241-B OLD OKEECHOBEE ROAD WEST PALM BEACH FL 33401 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition SCHUMACHER, GERALD P NAME SCHUMACHER, GERALD P NAME BIB ANCHORAGE DR. STREET ADDRESS STREET ADDRESS 517 MARLIN ROAD CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 NORTH PALM BEACH, ☐ Delete ■ Addition DVS Change TITLE TITLE NAME JORDAN, CHRISTOPHER L NAME STREET ADDRESS STREET ADDRESS 2491 MONACO TERRACE CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 effects to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation or the receiver or trustee e if changed, or on an attachment with an addi with all other like empowered

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

Christopher L. Jordan, V.P. 1-24-06 (561) 833-5720

FILED