2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # P94000002222 Entity Name 07 APR 30 PM 12: 11 CHAMBERS FLOOR COVERING, INCORPORATED SECRETARY OF STATE TALLAHASSIE, FLORIDA Principal Place of Business Mailing Address 1135 W ORANGE AVE 1135 W ORANGE AVE UNIT B UNIT B TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 04262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3212380 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent CHAMBERS, NEHEMIAH DO NOT WRITE 1135 W ORANGE AVE **UNIT B** IN THIS SPACE TALLAHASSEE, FL 32310 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHAMBERS, NEHEMIAH NAME STREET ADDRESS 1135 W ORANGE AVE, UNIT B TALLAHASSEE, FL 32301 CITY-ST-ZIP 700102202457 05/11/07--01011--029 **150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR