
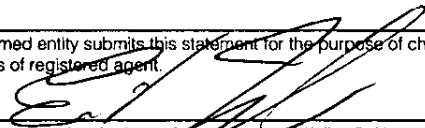
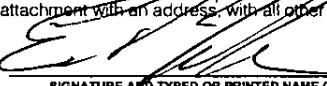


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90049 037 \*\*\*150.00

<b>DOCUMENT # P94000029294</b> 1. Entity Name <b>PIONEER HARDWOOD FLOORING INC.</b>					
Principal Place of Business <b>1807 MAIN STREET</b> <b>DUNEDIN, FL 34698 US</b>			Mailing Address <b>1807 MAIN STREET</b> <b>DUNEDIN, FL 34698 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02052008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>59-3240171</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ING, JASON</b> <b>13555 AUTOMOBILE BLVD.</b> <b>SUITE 300</b> <b>CLEARWATER, FL 33762</b>			7. Name and Address of New Registered Agent  Name <b>Erick M Malkasian</b> Street Address (P.O. Box Number is Not Acceptable) <b>1807 Main St</b> <b>Dunedin</b> <b>FL</b> Zip Code <b>34697</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>MALKASIAN, MALCOLM</b> <b>2531 FRISCO DR</b> <b>CLEARWATER, FL 34621</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>FINK, GARRY</b> <b>2241 MOON SHADOW RD</b> <b>NEW PORT RICHEY, FL 34655</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MALKASIAN, ERICK</b> <b>2531 FRISCO DR</b> <b>CLARWATER, FL 34621</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>malkasian, Sherry Ann N</b> <b>2648 meadow wood DR</b> <b>clearwater FL 33761</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2648 meadow wood DR</b> <b>clearwater FL 33761</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 			<b>2-508</b> <b>727-409-1663</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		