## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM Secretary of State

1. Entity Nan	MENT # P950000290 FLOORING, INC.	036			S	ecretary of Sta
11596 PIER BLDG M-1	ce of Business SON RD N, FL 33414	Mailing Address 11596 PIERSON RD BLDG M-1 WELLINGTON, FL 33414		 	1	
· C	OO NOT WRITE	,	CE	01152007 4. FEI Numb 65-056	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  LODGE, WARREN 11596 PIERSON RD BLDG M-1 WELLINGTON, FL 33414  8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE  ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A			ad Agent signature required	gent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May Be ed to Fees		
10.  IIILE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DI DST LODGE, WARREN 11596 PIERSON RD BLDG M-1 WELLINGTON, FL 33414	RECTORS	-		U0000 01/18/07	0590483 -80056-022 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			-		NOT W	

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 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 supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with a address, with all prior like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

753-9006 WINDLA Dayline Phone #