
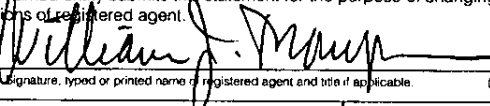
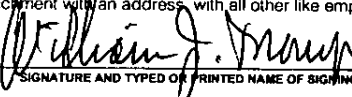


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90472 021 ***150.00

DOCUMENT # P95000031130 1. Entity Name BEST FLOORING CENTER, INC.			
Principal Place of Business 12224 FIREMAN'S CANAL DR CLERMONT, FL 34711		Mailing Address 12224 FIREMAN'S CANAL DR CLERMONT, FL 34711	
2. Principal Place of Business - No P.O. Box # 833 W. Hwy 50 Suite, Apt. #, etc.		3. Mailing Address 833 W. Hwy 50 Suite, Apt. #, etc.	
City & State Clermont, FL Zip 34711		City & State Clermont, FL Zip 34711	
Country USA		Country USA	
4. FEI Number 59-3308691		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, WILLIAM J 830 W HWY 50 CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name THOMPSON, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 833 W. Hwy 50 City Clermont FL Zip Code 34711	
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 4-25-07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME THOMPSON, WILLIAM J STREET ADDRESS 12224 FIREMANS CANAL DR. CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE P NAME Thompson William J. STREET ADDRESS 833 W. Hwy 50 CITY-ST-ZIP Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE VP-Secretary NAME Thompson, Connie R. STREET ADDRESS 833 W. Hwy 50 CITY-ST-ZIP Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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.			
SIGNATURE:  William J. Thompson 4-25-07 706-449-8240 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			