2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90239 042 ***150.00

### ACKSONVILLE, FL 32254 #### ACKSONVILLE, FL 32254 ##################################	DOCUMENT # P98000013696 1. Entity Name FLOORWORKS INC.						04-26-2007 90239 042 *** 130.00					
Suite, Apt 18 May Suite, Apt 1	17 JIM WRIGH	HT RD	PO BOX 37193			\$008422.z						
Suite, Apt. #, MC Suite, Apt. #, MC O492007 Chg-P CR2E034 (12/06) Applied For Not CKSONV ILL PL City & State A. SEI Number Applied For Not Applied For Search Suite Applied For Not A	2. Principal P	lace of Business - No PO Box #	3. Mailing Address									
Section Sect			Suite, Apt. #, etc				04092007	Chg-P	CR2E	034 (12/06)		
S. Certificate of Status Desired Fee Required F	Jacksonville PL		City & State							<u> </u>		
Name PHILLIPS DOUGLAS KEVIN 10285 STONINGTON WAY JACKSONVILLE, FL 32221	Zip 32250 Country		Zip	Country								
PHILLIPS, DOUGLAS KEVIN 10285 STONINGTON WAY JACKSONVILLE, FL 32221 8. The above named and submiss this statemany toxine purpose of changing its registered office or registered agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are of registered agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are of registered agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are of registered agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are objected agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are objected agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are objected agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are objected agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are agent are agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are agent are agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are agent are agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are agent are agent are agent, or both, in the State of Florida, J am femiliar with, and accept the obligations of physicine agent are agent are agent are agent are agent are agent, or both, in the State of Florida, J am femiliar with, and accept agent are agent	6. Name and Address of Current Registered Agent				Name		7. Name and	d Address of New	Registered	Agent		
8. The above named appt submits this statement for the obligations of motion and appt submits this statement for the obligations of motion and submits this statement for the obligations of the obligations of motion are strongistered agent and see if epicade (MOTE Registered Agent signature required when remaizing) FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PHILLIPS, DOUGLAS KEVIN STREET ADDRESS TO JACKSONVILLE, FL 32254 17. JIM WRIGHT ROAD JACKSONVILLE, FL 32254 18. STREET ADDRESS CITY-ST-2IP 18. Delete ITILE MAME STREET ADDRESS CITY-ST-2IP 18. MAME	10285 STONINGTON WAY				Street A			·		Zin Cade		
SIGNATURE												
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CITY-SI-ZIP CITY-SI-ZIP	NAME		☐ Delete	NAM STRE	ET ADDRESS					☐ Change	Addition	
NAME NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes Liturther 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 other or directors.	NAME STREET ADDRESS CITY-ST-ZIP	aulif. the the information and is a little of the information and information and is a little of the information and is a		NAM STRE UT1	E ADDRESS	antanaed	in Chapter 13	G. Florida Status	Lington		Additi /	

12. Thereby 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 othicer or director of the corporation or the receiver of trustee empowered to specifie this apport 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 after the empowered.

SIGNATURE: _

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 904-786-1100 Dayone Prone #