
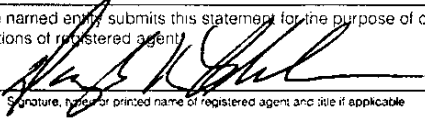
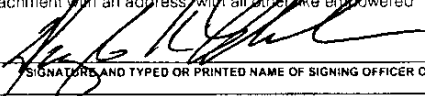


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90239 042 \*\*\*150.00

<b>DOCUMENT # P98000013696</b> 1. Entity Name FLOORWORKS INC.					
Principal Place of Business 17 JIM WRIGHT RD JACKSONVILLE, FL 32254			Mailing Address PO BOX 37193 JACKSONVILLE, FL 32236-1793 US		
2. Principal Place of Business - No P.O. Box # <b>7660 Philips Hwy</b> Suite, Apt. #, etc. <b>Suite 4</b>			3. Mailing Address Suite, Apt. #, etc.  		
City & State <b>Jacksonville, FL</b>			City & State  		
Zip <b>32256</b>		Country  		4. FEI Number <b>52-2097886</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PHILLIPS, DOUGLAS KEVIN 10285 STONINGTON WAY JACKSONVILLE, FL 32221				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7660 Phillips Hwy Suite #4</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32256</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:  DATE: <b>4/24/07</b> <small>(Signature, name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, DOUGLAS KEVIN 17 JIM WRIGHT ROAD JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, STACEY NICOLE 17 JIM WRIGHT ROAD JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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:  DATE: <b>4/24/07</b> 904-786-1100 <small>(Signature and Typed or Printed Name of Signing Officer or Director) Date Daytime Phone #</small>					

40084933



04092007 Chg-P CR2E034 (12/06)