


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000032364</b>		
1. Entity Name ADVANCED FLOOR CARE SPECIALISTS, INC.		
Principal Place of Business 2360 FORSYTH ROAD ORLANDO, FL 32807	Mailing Address 2360 FORSYTH ROAD ORLANDO, FL 32807	



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3504173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SNYDER, THOMAS E 13937 MYRTLEWOOD DR. ORLANDO, FL 32832
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, THOMAS E 13937 MYRTLEWOOD DR. ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOUSTON, EDWARD F 2537 SEABRANCH STREET ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUSTON, LISA 2537 SEABRANCH STREET ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SNYDER, CHERYL A 13937 MYRTLEWOOD DR. ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000185498 01/21/05-80018-005 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Cheryl A. Snyder* **Secretary** 1/6/05 4074664828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #