

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90076 010 \*\*\*150.00

<b>DOCUMENT # P99000080965</b> 1. Entity Name <b>WORKHORSE FLOORING, INC.</b>			
Principal Place of Business <b>1500 SW 30TH AVE</b> <b>6</b> <b>BOYNTON BEACH, FL 33426</b>		Mailing Address <b>1500 SW 30TH AVE</b> <b>6</b> <b>BOYNTON BEACH, FL 33426</b>	
2. Principal Place of Business - No P.O. Box # <b>2951 SW 14th Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 336</b> Suite, Apt. #, etc.	
City & State <b>Boynton Bch, FL</b>		City & State <b>Boynton Beach, FL</b>	
Zip <b>33426</b>	Country <b>U.S.A.</b>	Zip <b>33425</b>	Country <b>USA</b>
4. FEI Number <b>65-0659179</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTIN, PHILIP</b> <b>1500 SW 30TH AVE</b> <b>BOYNTON BEACH, FL 33426</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. 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 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARTIN, PHILIP</b> <input type="checkbox"/> Delete <b>1500 SW 30TH AVE #6</b> <b>BOYNTON BEACH, FL 33426</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Philip Martin</b> <b>2951 SW 14th Place</b> <b>Boynton Bch FL 33426</b>
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
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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: 		Date: <b>30 April 07</b> (561) 358-9760	