2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Jan 17, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # V68482 RCIAL FLOORS, INC.			Secretary of State
519 LILLIAN	DRIVE	tailing Address 519 LILLIAN DRIVE MADERIA BCH, FL 33708	US	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01052006 No Chg-P CR2E034 (11/05) 4. FEI Number
LEE, JOHN J., JR. 519 LILLIAN DRIVE MADERIA BCH, FL 33708				DO NOT WRITE IN THIS SPACE
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 Signature, typed or pointed name of registered agent and little if applicable [NOTE: Registered Agent signature required when refusating) DATE				
File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
TO. TITLE MASKE STREET ADDRESS CITY-ST-ZIP TITLE MASKE STREET ADDRESS	DFFICERS AND DIRE D LEE JR, JOHN J 519 LILLIAN DIRVE MADEIRA, FL 33708	CTORS }		01/19/06-80040-016 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 cath; 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 attachptent with an address, with all other like empowered.				