


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90358 043 \*\*\*150.00

<b>DOCUMENT # P05000036016</b>			
1. Entity Name TW FLOORING, INC.			
Principal Place of Business 8753 NW 27TH STREET CORAL SPRINGS, FL 33065-5314		Mailing Address 8753 NW 27TH STREET CORAL SPRINGS, FL 33065-5314	
2. Principal Place of Business <i>1813 SW Fears Ave.</i>		3. Mailing Address <i>1813 SW Fears Ave.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Port Saint Lucie, FL</i>		City & State <i>Port Saint Lucie, FL</i>	
Zip <i>34953</i>		Country <i>St. Lucie</i>	
4. FEI Number <i>13-4294793</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HLEWICKI, ADRIENNE 8753 NW 27TH STREET CORAL SPRINGS, FL 33065-5314		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>1813 SW Fears Ave.</i> City <i>Port Saint Lucie FL</i> Zip Code <i>34953</i>	
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: <i>Adrienne Hlewicki</i>		DATE: <i>3/29/06</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HLEWICKI, JASON 8753 NW 27TH STREET CORAL SPRINGS, FL 330655314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1813 SW Fears Ave. Port Saint Lucie, FL 34953</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HLEWICKI, ADRIENNE 8753 NW 27TH STREET CORAL SPRINGS, FL 330655314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1813 SW Fears Ave. Port Saint Lucie, FL 34953</i>
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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
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: <i>Adrienne Hlewicki</i>		DATE: <i>3/29/06</i>	
Signature and typed or printed name of signing officer or director		Date	
<i>Adrienne Hlewicki</i>		772-621-4774	