2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075771

Entity Name: ALPHA FLOORING SERVICES, INC

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4716 WALDEN CIR STE # 1638 11001 ST AUGUSTINE RD

ORLANDO, FL 32811 411

JACKSONVILLE, FL 32257 US

US

Current Mailing Address: New Mailing Address:

4716 WALDEN CIR STE # 1638 11001 ST AUGUSTINE RD

ORLANDO, FL 32811 411
JACKSONVILLE, FL 32257

FEI Number: 20-2898676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEILSON FERREIRA DE SOUZA SOUZA, NEILSON F 4716 WALDEN CIR STE # 1638 11011 ST AUGUSTINE RD ORLANDO, FL 32811 US 411

JACKSONVILLE, FL 32257 US

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.

SIGNATURE: NEILSON F SOUZA 04/04/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PVP (X) Change () Addition

 Name:
 NEILSON FERREIRA DE, SOUZA
 Name:
 SOUZA, NEILSON F

 Address:
 4716 WALDEN CIR STE # 1638
 Address:
 11001 ST AUGUSTINE RD 411

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 JACKSONVILLE, FL 32257 US

Title: V () Delete Title: S (X) Change () Addition

 Name:
 ROBERTO DE PAULA LEI, TE
 Name:
 MARTINS, ELIEZER M

 Address:
 4716 WALDEN CIR STE # 1638
 Address:
 11001 ST AUGUSTINE RD 411

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEILSON F SOUZA PVP 04/04/2006