2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146845

FILED May 10, 2006 Secretary of State

Entity Nai	me: PROJEC	TFLOOR OF AMERICA CORF)		
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
5950 LAKE	EHURST DRIV	Æ			
SUITE 169 ORLANDO, FL 32819					
ORLANDO), FL 32819				
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
SUITE 169	EHURST DRIV)), FL 32819	Æ			
FEI Number:	: 20-3731716	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR SUITE 246					
ORLANDO, FL 32819 US			ORLANDO, FL 32819	ORLANDO, FL 32819 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: HELEN OLIVEIRA				05/10/2006	
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAPASSO, VA RUA DA INDEF) Delete LERIA P PENDENCIA 793/839 CAMBUCI SP 01524-001 BR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAPASSO, IVO RUA DA INDEF) Delete DRICARDO PENDENCIA 793/839 CAMBUCI SP 01524-001 BR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DOS SANTOS, RUA DA INDEF) Delete FERNANDO P PENDENCIA 793/839 CAMBUCI SP 01524-001 BR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS (CASTANHO, V) Delete ANDERLEI S	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: VALERIA P CAPASSO Ρ 05/10/2006

RUA DA INDEPENDENCIA 793/839 CAMBUCI

SAO PAULO, SP 01524-001 BR

Address:

City-St-Zip: