2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 15, 2006 8:00 am Secretary of State DOCUMENT # P01000006835 1. Entity Name 02-15-2006 90052 012 ***158.75 BRIGHT FLOOR INC. Principal Place of Business Mailing Address P O BOX 14634 CLEARWATER FL 33766 P Q BOX 14634 CLEARWATER FL 33766 CHANGE OF APORESS 3. Mailing Address 2. Principal Place of Business 7050N12UKA 2705 ONIZUKA Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For HARBOR FL 59-3690638 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWSKI-WIESTAW E PASEK, MICHAEL D Address (P.O. Box Number is Not Acceptable) 4851 85TH AVE PINELLAS PARK FL 33781 MARBOR 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition KRAKOWSKI, WIESLAW E POBOX 14634 2705 ONIZUKA CT. NAME NAME STREET ADDRESS STREET ADDRESS CLEARWATERFL 33766 PARM HARBOR FL34683 CITY-ST-ZIP CITY-ST-ZIP TIJEF TITLE ☐ Change Addition KRAKOWSKI, ELIZABETH NAME POBOX 14634 2705 OMIZUKA CT. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33766 PALM MAR BOR FL 3469 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z(P Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED