


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90052 012 ***158.75

DOCUMENT # P01000006835
 1. Entity Name
BRIGHT FLOOR INC.



Principal Place of Business Mailing Address
~~P O BOX 14634~~ CLEARWATER FL 33766
~~US~~ **CHANGE OF ADDRESS**
~~P O BOX 14634~~ CLEARWATER FL 33766



2. Principal Place of Business 3. Mailing Address
2705 ONIZUKA CT. **2705 ONIZUKA CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM HARBOR, FL. **PALM HARBOR FL**
 Zip Country Zip Country
34683 PINELLAS **34683 PINELLAS**

1st MOORE CR2E034 (10/05)
 4. FEI Number **59-3690638** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Name and Address of Current Registered Agent
PASEK, MICHAEL D
4851 85TH AVE
PINELLAS PARK FL 33781
 7. Name and Address of New Registered Agent
 Name **KRAKOWSKI-WIESEAW E**
 Street Address (P.O. Box Number is Not Acceptable)
2705 ONIZUKA CT
 City **PALM HARBOR FL** Zip Code **34683**

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 **NIESTAW E KRKOWSKI** *Wesley Allen* **2/1/06** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
 9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAKOWSKI, WIESLAW E	NAME	
STREET ADDRESS	P O BOX 14634 2705 ONIZUKA CT.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33766 PALM HARBOR, FL 34683	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAKOWSKI, ELIZABETH	NAME	
STREET ADDRESS	P O BOX 14634 2705 ONIZUKA CT.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33766 PALM HARBOR, FL 34683	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby 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.

SIGNATURE: *Wesley Allen* **2/1/06** Date **727-420-4839** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR