2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2007 08:00 A Secretary of State **DOCUMENT # P01000025252** EPOXY FLOORING SOLUTIONS INC. Principal Place of Business Mailing Address 2606 KIRKLAND ROAD 2606 KIRKLAND ROAD DOVER, FL 33527 **DOVER, FL 33527** No Chg-P CR2E034 (11/05) 03242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3706241 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JANE, KENNETH A DO NOT WRITE 2606 KIRKLAND ROAD **DOVER, FL 33527** IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE JANE, KENNETH A NAME 2606 KIRKLAND RD STREET ADDRESS CITY-ST-ZIP **DOVER, FL 33527** TITLE U00000682182 04/04/07-80076-002 150.00 CAPRON, DOMINICK NAME 5302 MARYS MIRACLE LANE STREET ADDRESS TAMPA, FL 33610 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

3/24/07 813 982 2292

Daytime Phone #

FILED