2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041001

CARRASCO, ERICA

1150 TRELLIS AVENUE

SPRING HILL, FL 34606 US

Name:

Address:

City-St-Zip:

Entity Name: A&E INTERLOCKING PAVERS, INC.

FILED Mar 07, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
SUITE 108			13471 CHAMBORD ST. BROOKSVILLE, FL 346	13 US	
BROOKSV	'ILLE, FL 34613	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	281 SUNSHINE GROVE RD.		13471 CHAMBORD ST		
SUITE 108 BROOKSV	, /ILLE, FL 34613	US	BROOKSVILLE, FL 346 ²	13 US	
FEI Number:	03-0428081	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address of N	lew Registered Agent:	
1150 TREL	CO, MAYDA LLIS AVENUE ILL, FL 34606	US			
	named entity su of Florida.	bmits this statement for the pu	irpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () CARRASCO, MAY 1150 TRELLIS AY SPRING HILL, FL	/ENUE	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD () C CARRASCO, ABE 1150 TRELLIS AV SPRING HILL, FL	/ENUE	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () C CARRASCO, ERI 1150 TRELLIS AV SPRING HILL, FL	/ENUE	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title:	SD () D	Pelete	Title: ()) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MAYDA CARRASCO PD 03/07/2006