2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINCED NAME OF

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Feb 03, 2006 08:00 AM Secretary of State

ANNUAL KEPUK I				Secretary of State
DOCUMENT # P02000051960				Secretary of State
	I. Entity Name EMILIANO ALMANZA FLOOR COVERING INC.			
Principal Plac	e of Business	Mailing Address		
9435 128TH AVENUE 9435 128TH AVENUE FELLSMERE, FL 32948 FELLSMERE, FL 32948				
				<u> </u>
				01272006 No Chg-P CR2E034 (11/05)
D	O NOT WRITE	IN THIS SPA	4. FEI Number Applied For	
				04-3656405 Not Applicable
				5. Certificate of Status Desired See Regulred
	6. Name and Address of Current R	egistered Agent		
ALMANZA, EMILIANO				DO NOT WRITE
9435 128TH AVENUE FELLSMERE, FL 32948				
FELLOWERE, FL 32840				IN THIS SPACE
		the purpose of changing its register	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
tue obligat	ions of registered a gen t.			
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable (NOTE Register)	ed Agent signature required	(when reinstating) DATE
		9. Election Campaign Fina	neina CE	00
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fe o will be \$550.0	. 1		.00 May Be ed to Fees
10.	OFFICERS AND D	IRECTORS	Г -	
MILE	PSTD		1	
NAME Street Address	ALMANZA, EMILIANO 9435 128TH AVENUE		1	
CITY-ST-ZIP	FELLSMERE, FL 32948	•	1	
TITLE			1	
NAME STREET ADDRESS			Í	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			ł	U00000418556 02/14/06-80012-005 /50.00
TITLE			1	867.147.00-80012-003 130,00
NAME STREET ADDRESS			l	
CITY-ST-ZIP			İ	DO NOT WRITE
TITLE	 		-1	IN THIS SPACE
NAME			Î	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			Ì	
TITLE			┫	
NAME			l .	
STREET ADDRESS				
CITY - ST-ZIP			4	
NAME (ł	
STREET ADDRESS			1	
CITY-ST-ZIP			<u> </u>	
indicated	on this report or supplemental report is t	rue and accurate and that my signs	ture shall have the :	d in Chapter 119, Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director
of the corporation of 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.				