2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2007 8:00 am DOCUMENT # P02000078888 Secretary of State 1. Entity Name 02-01-2007 90021 043 ***158.75 DISTINCTIVE FLOORS, INC. Principal Place of Business Mailing Address 606 GLADIOLA ST 1025 AUDUBON ROAD **UNIT 560** MERRITT ISLAND FL 32953 MERRITT ISLAND FL 39252 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1555 W. Central Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 76-0703374 City & State City & State Applied For Merritt Island, FL Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired 32952 Fee Required Brevard 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAGANO, ALBERT S Street Address (P.O. Box Number is Not Acceptable) 551 S APOLLO BLVD SUITE 204 MELBOURNE FL 32901 Zip Code 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. Mose or printed name of registered agent and title in applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVP 1000 Delete TIME Change ☐ Addition PVP LAWRENCE, MATTHEW D PRES NAMI NAME Lawrence, Matthew D Pres 1025 AUDUBON ROAD STREET ADDRESS STREET ADDRESS 1555 W. Central Ave. MERRITT ISLAND FL 32953 CITY ST ZIP CITY ST ZIP Merritt Island, FL RDE ₹ Delete TITLE □ Change Addition CHAZZARO, GEORGE NAMI NAME Friley, Daniel 1025 AUDUBON ROAD STREET ADDRESS STREET ADDRESS 1450 Taurus Ct. MERRITT ISLAND FL 32953 CITY SE ZIP CITY ST ZIP Merritt Island, 32953 ☐ Delete Change Addition GARCIA, JOHN SEC 470 8TH MANOR APT. 104 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY S1-ZIP CHY ST-7IP Change TIME ☐ Delete ши ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CHY-ST-ZIP Defete ■ Addition ☐ Change NAME NAME STREET ADDRESS SIDELL ADDRESS CITY ST ZIP CHY ST ZIP TITLE Change ☐ Addition ☐ Defete NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

FILED

SIGNATURE: Matthew Lawrence 1/26/07 321-453-4736

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.