

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000078888

Entity Name: DISTINCTIVE FLOORS, INC.

**FILED**  
**Jun 02, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

606 GLADIOLA ST  
UNIT 560  
MERRITT ISLAND, FL 39252

**New Principal Place of Business:**

**Current Mailing Address:**

1555 W. CENTRAL AVE.  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

FEI Number: 76-0703374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAGANO, ALBERT S  
551 S APOLLO BLVD  
SUITE 204  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/S ( ) Delete  
Name: LAWRENCE, MATTHEW D  
Address: 1555 W. CENTRAL AVE.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T ( ) Delete  
Name: HILDERBRAND, ERIC  
Address: 6060 ALBANENE AVE.  
City-St-Zip: PORT ST. JOHN, FL 32927

Title: VP ( ) Delete  
Name: GARCIA, JOHN  
Address: 470 8TH MANOR APT. 104  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LAZZARO, GEORGE  
Address: 250 SYKES CREEK PKWY., BLDG B509  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MATTHEW LAWRENCE

P/S

06/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date