2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006
Secretary of State

DOCUMENT# P02000106627

Entity Name: DLS FLOOR COVERING, INC.

Current Principal Place of Business:

415 SW 33TH TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

10052 CHIANA CIR
FORT MYERS, FL 33905

Current Mailing Address:

415 SW 33TH TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

10052 CHIANA CIR
FORT MYERS, FL 33905

FEI Number: 04-3717202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTAELLA, LEOMARYS J
415 SW 33TH TERRACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

SANTAELLA, LEOMARYS J
10052 CHIANA CIR
FORT MYERS, FL 33914 US

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: LEOMARYS SANTAELLA 08/09/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANTAELLA, LEOMARYS J
Address: 5232 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: SALAS, DENIS J
Address: 5232 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SANTAELLA, LEOMARYS J
Address: 10052 CHIANA CIR
City-St-Zip: FORT MYERS, FL 33905

Title: VP (X) Change ( ) Addition
Name: SALAS, DENIS J
Address: 10052 CHIANA CIR
City-St-Zip: FORT MYERS, FL 33905

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.

SIGNATURE: LEOMARYS SANTAELLA` P 08/09/2006
Electronic Signature of Signing Officer or Director Date