2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P02000106627

Entity Name: DLS FLOOR COVERING, INC.

Current Principal Place of Business:

12716 IVORY STONE LOOP
FORT MYERS, FL 33913

New Principal Place of Business:

205 SE 8TH STREET
CAPE CORAL, FL 33990

Current Mailing Address:

12716 IVORY STONE LOOP
FORT MYERS, FL 33913

New Mailing Address:

205 SE 8TH STREET
CAPE CORAL, FL 33990

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
12716 IVORY STONE LOOP
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

SANTAELLA, LEOMARYS J
205 SE 8TH STREET
CAPE CORAL, FL 33990 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 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANTAELLA, LEOMARYS J
Address: 12716 IVORY STONE LOOP
City-St-Zip: FORT MYERS, FL 33913

Title: VP ( ) Delete
Name: SALAS, DENIS J
Address: 12716 IVORY STONE LOOP
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SANTAELLA, LEOMARYS J
Address: 205 SE 8TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VP (X) Change ( ) Addition
Name: SALAS, DENIS J
Address: 205 SE 8TH STREET
City-St-Zip: CAPE CORAL, FL 33990

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: LEOMARYS SANTAELLA P 04/30/2008
Electronic Signature of Signing Officer or Director Date