2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005557

Entity Name: PWL FLOOR CARE, INC.

FILED May 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

719, PLACE CHATEAU 56 LANCASTER RD

DELRAY BEACH, FL 33445 BOYNTON BEACH, FL 33426

Current Mailing Address: New Mailing Address:

719, PLACE CHATEAU 56 LANCASTER RD

DELRAY BEACH, FL 33445 BOYNTON BEACH, FL 33426

FEI Number: 56-2310821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DA SILVA, MARCOS G DA SILVA, MARCOS G 719, PLAĆE CHATEAU 56 LANCÁSTER RD

DELRAY BEACH, FL 33445 US BOYNTON BEACH, FL 33426 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: 05/29/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPV () Delete Title: (X) Change () Addition DA SILVA, MARCOS G DA SILVA, MARCOS G Name: Name: 719 PLACE CHATEAU 56 LANCASTER RD Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Delete Title: (X) Change () Addition

DA SILVA, MARCOS G Name: Name: DA SILVA, MARCOS G 719, PLACE CHATEAU Address: 56 LANCASTER RD Address:

DELRAY BEACH, FL 33445 BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip:

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.

VΡ SIGNATURE: MARCOS G DA SILVA 05/29/2009