2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018991

Entity Name: ZORKO FLOOR SPECIALIST FLORIDA, INC.

FILED Apr 30, 2008 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
| | | |

2545 NE COACHMAN ROAD 2545 NE COACHMAN ROAD

#212 #224

CLEARWATER, FL 33765 US CLEARWATER, FL 33765 US

Current Mailing Address: New Mailing Address:

2545 NE COACHMAN ROAD 2545 NE COACHMAN ROAD

212 #224

CLEARWATER, FL 33765 US CLEARWATER, FL 33765 US

FEI Number: 04-3740309 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:

ELIAS, KAROLY ELIAS, KAROLY

2545 NE COACHMAN ROAD 2545 NE COACHMAN ROAD #212 #224
CLEARWATER, FL 33765 US CLEARWATER, FL 33765 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: KAROLY ELIAS 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: KAROLY, ELIAS Name: KAROLY, ELIAS

 Address:
 2545 NE COACHMAN ROAD #212
 Address:
 2545 NE COACHMAN ROAD #224

 City-St-Zip:
 CLEARWATER, FL 33765 US
 Clty-St-Zip:
 CLEARWATER, FL 33765 US

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

 Name:
 KOMLOOI, ISTVAN
 Name:

 Address:
 2144 TIMBER LANE
 Address:

 City-St-Zip:
 CLEARWATER, FL 33765 US
 City-St-Zip:

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

Name: ELIASNE, NORA N Name: ELIAS, NORA

Address: 2545 NE COACHMAN ROAD #212 Address: 2545 NE COACHMAN ROAD #224 City-St-Zip: CLEARWATER, FL 33765 US CIty-St-Zip: CLEARWATER, FL 33765 US

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: KAROLY ELIAS PRES 04/30/2008