2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jul 13, 2005
Secretary of State

DOCUMENT# P03000089360

Entity Name: NEW CONCEPTS HOME IMPOVEMENT & FLOOR ENGINEERING, INC.

Current Principal Place of Business:

3615 E KNOLLWOOD ST
TAMPA, FL 33610

New Principal Place of Business:

PO BOX 1154 THONOTOSASSA
THONOTOSASSA, FL 33592

Current Mailing Address:

3615 E KNOLLWOOD ST
TAMPA, FL 33610

New Mailing Address:

PO BOX 1154 THONOTOSASSA
THONOTOSASSA, FL 33592

FEI Number: 27-0066337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, JASON R
3615 E KNOLLWOOD ST
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

WATSON, JASON R
PO BOX 1154 THONOTOSASSA
THONOTOSASSA, FL 33592 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: JASON R WATSON 07/13/2005
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: DP ( ) Delete
Name: WATSON, JASON R
Address: 3615 E KNOLLWOOD ST
City-St-Zip: TAMPA, FL 33610

Title: DV (X) Delete
Name: WATSON, BRAIN R
Address: 3615 E KNOLLWOOD ST
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WATSON, JASON R
Address: PO BOX 1154 THONOTOSASSA
City-St-Zip: THONOTOSASSA, FL 33592

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JASON R WATSON P 07/13/2005
Electronic Signature of Signing Officer or Director Date