2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147076

Entity Name: ZT FLOORING, CORP.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ENS DRIVE					
#203 POMPANC	D BEACH, FL	33069				
Current Mailing Address:		New Mailing Address:				
	ENS DRIVE					
#203 POMPANO	D BEACH, FL	33069				
FEI Number:	: 20-0451047	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and	Address of C	current Registered Agent:	Name and	Address of	New Registered Agent:	
CASAGR <i>A</i>	ANDE, JEANDE	ERSO				
	ENS DRIVE					
	D BEACH, FL	33069				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered	office or registered agent, or	both,
SIGNATUF	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIREC	CTORS:
OFFICERS Title: Name: Address: City-St-Zip:		Delete JEANDERSO DRIVE#203	ADDITION Title: Name: Address: City-St-Zip:	PD (CASAGRAND 608 GARDEN	S TO OFFICERS AND DIRECT X) Change () Addition E, JEANDERSO PD S DRIVE#203 EACH, FL 33069	CTORS:
Title: Name: Address:	PD () CASAGRANDE, 608 GARDENS POMPANO BEA	Delete JEANDERSO DRIVE#203	Title: Name: Address:	PD (CASAGRAND 608 GARDEN POMPANO BIPD (CASAGRAND 608 GARDEN	X) Change()Addition E, JEANDERSO PD S DRIVE#203	CTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PD () CASAGRANDE, 608 GARDENS POMPANO BEA	Delete JEANDERSO DRIVE#203 ACH, FL 33069	Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (CASAGRAND 608 GARDEN POMPANO BOMPANO BOMPA	X) Change () Addition E, JEANDERSO PD S DRIVE#203 EACH, FL 33069) Change (X) Addition E, JEANDERSO PD S DRIVE APT 203	CTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () CASAGRANDE, 608 GARDENS POMPANO BEA ()	Delete JEANDERSO DRIVE#203 ACH, FL 33069 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PD (CASAGRAND 608 GARDEN POMPANO B)	X) Change () Addition E, JEANDERSO PD S DRIVE#203 EACH, FL 33069) Change (X) Addition E, JEANDERSO PD S DRIVE APT 203 EACH, FL 33069) Change (X) Addition E, JEANDERSO PD I DRIVE APT;203	CTORS:
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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: JEANDERSO CASAGRANDE PD 04/27/2004