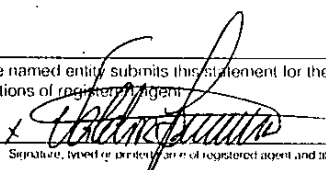
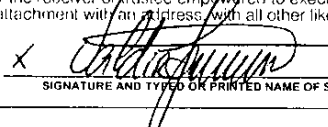


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90016 013 ***150.00

DOCUMENT # P03000148750 1. Entity Name NEW FLOORING, INC.			
Principal Place of Business 18108 PEREGRINES PERCH PL # 204 LUTZ, FL 33558 US		Mailing Address 18108 PEREGRINES PERCH PL # 204 LUTZ, FL 33558 US	
2. Principal Place of Business 3505 LAND OAKS DR #106 Suite, Apt. #, etc.		3. Mailing Address 3505 LAND OAKS DR #106 Suite, Apt. #, etc.	
City & State TAMPA, FL Zip 33694		City & State TAMPA, FL Zip 33694	
Country		Country	
4. FEI Number 20-0482862		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVA, VALDIR J 18108 PEREGRINES PERCH PL # 204 LUTZ, FL 33558		7. Name and Address of New Registered Agent Name SILVA VALDIR J Street Address (P.O. Box Number is Not Acceptable) 3505 LAND OAKS DR #106 TAMPA, FL 33694 City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SILVA, VALDIR J ☐ Delete 18108 PEREGRINES PERCH PL # 204 LUTZ, FL 33558	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ☒ Change ☐ Addition SILVA, VALDIR J 3505 LAND OAKS DR #106 TAMPA, FL 33694
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ☐ Change ☐ Addition STEFFEN REINALDO ALVES 3505 LAND OAKS DR #106 TAMPA, FL 33694
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50000537



02232006 Chg-P CR2E034 (11/05)