## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF

## Feb 10, 2006 08:00 AM **DOCUMENT # P03000149350 Secretary of State** 1. Entity Name D-CO FLOORING, INC. Principal Place of Business Mailing Address 2431 SW 51ST ST. 2431 SW 51ST ST. FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For ♣ FEI Number 33-1078811 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACKENZIE, DAVID DO NOT WRITE 2431 SW 51ST ST. FT. LAUDERDALE, FL 33312 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MACKENZIE, DAVID NASET STREET ADDRESS 2431 SW 51ST ST. CITY-ST-ZIP FT. LAUDERDALE, FL 33312 TIFLE U00000428908 NAME 02/21/06-80066-005 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

NAME OF MIGNING OFFICER OR DIRECTOR

FILED