


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90187 035 ***150.00

DOCUMENT # P04000057136	
1. Entity Name TEMO'S FLOORING INSTALLATON, INC.	

Principal Place of Business 916 VILLAGE PLACE DAVENPORT, FL 33896 US	Mailing Address 916 VILLAGE PLACE DAVENPORT, FL 33896 US
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40054790

2. Principal Place of Business 1040 Long Pine Street Suite, Apt. #, etc.	3. Mailing Address 1040 Long Pine Street Suite, Apt. #, etc.
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City & State Davenport FL	City & State Davenport FL
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Zip 33897	Country USA	Zip 33897	Country USA
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01162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0954012	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JUAREZ, CUAUHEMOC 916 VILLAGE PLACE DAVENPORT, FL 33896	
7. Name and Address of New Registered Agent Name: Juarez, Cuauhtemoc Street Address (P.O. Box Number is Not Acceptable): 1040 Long Pine Street City: Davenport FL Zip Code: 33897	

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: [Signature] DATE: 4-18-06
Signature, typed or printed name of registered agent and title 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAREZ, CUAUHEMOC 916 VILLAGE PLACE DAVENPORT, FL 33896 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Juarez, Cuauhtemoc 1040 Long Pine Street Davenport, FL 33897 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUAREZ, ERNESTO P.O. BOX 254 LAKE ALFRED, FL 33850 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, CARLOS H 1727 CAREBOU HUNT TRAIL ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rivera, Carlos H. 2028 Parkway Blvd. #108 Kissimmee, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] DATE: 4-18-06 (407) 436-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR