

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057761

Entity Name: TECH FLOORING, INC.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

5228 CENTENNIAL BLVD.
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

5228 CENTENNIAL BLVD.
LEHIGH ACRES, FL 33971

New Mailing Address:

1412 NW 10TH TERRACE
CAPE CORAL, FL 33993

FEI Number: 20-0959389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUMMERS, MARLA
5230 CENTENNIAL BLVD
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

SUMMERS, MARLI
5230 CENTENNIAL BLVD
LEHIGH ACRES, FL 33971 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: MARLI SUMMERS

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAURIA, ANDRE N
Address: 5228 CENTENNIAL BLVD.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V () Delete
Name: TROFINO, PAULO R
Address: 9818 BERNWOOD PLACE DR. #102
City-St-Zip: FT. MYERS, FL 33912

Title: S () Delete
Name: LIGORIO, WAGNER G
Address: 5232 CENTENNIAL BLVD
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: TROFINO, PAULO R
Address: 128 SW 16TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991

Title: D (X) Change () Addition
Name: MACHADO, ALBERTO
Address: 15641 SONOMA DR # 107
City-St-Zip: FORT MYERS, FL 33908

Title: S () Change (X) Addition
Name: RUIVO, ROMUALDO
Address: 128 SW 16TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANDRE N LAURIA

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date