

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061069

FILED
Aug 30, 2006
Secretary of State

Entity Name: THINH PHAN FLOOR COVERING INC.

Current Principal Place of Business:

1533 REGAL MIST LOOP
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1533 REGAL MIST LOOP
TRINITY, FL 34655

New Mailing Address:

FEI Number: 20-0923942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHAN, THINH
1533 REGAL MIST LOOP
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NGUYEN, KEITH
Address: 1607 REGAL MIST LOOP
City-St-Zip: TRINITY, FL 34655

Title: P () Delete
Name: PHAN, THINH
Address: 1533 REGAL MIST LOOP
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: THINH PHAN

PRES

08/30/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date