


2005 FOR PROFIT CORPORATION ANNUAL REPORT

6 **FILED**
Jun 22, 2005 8:00 am
Secretary of State

06-08-2005 90004 017 ***150.00

DOCUMENT # P04000080664	
1. Entity Name PYRAMID FLOORS, INC.	

Principal Place of Business 152 NW WILLOW GROVE AVENUE PORT ST. LUCIE, FL 34986	Mailing Address 152 NW WILLOW GROVE AVENUE PORT ST. LUCIE, FL 34986
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66023635



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05162005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1388814	Applied For <input type="checkbox"/> 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 DERENONCOURT, MITSOUKO 152 NW WILLOW GROVE AVENUE PORT ST. LUCIE, FL 34986		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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	Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, HENRY	NAME	
STREET ADDRESS	152 NW WILLOW GROVE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERENONCOURT, MITSOUKO	NAME	
STREET ADDRESS	152 NW WILLOW GROVE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERENONCOURT, MITSOUKO	NAME	
STREET ADDRESS	152 NW WILLOW GROVE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	TREA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERENONCOURT, MITSOUKO	NAME	
STREET ADDRESS	152 NW WILLOW GROVE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Mitsouko Derenoncourt</i>	5-23-05 772-2168009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	