

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90358 043 ***150.00

DOCUMENT # P05000036016					
1. Entity Name TW FLOORING, INC.					
Principal Place of Business 8753 NW 27TH STREET CORAL SPRINGS, FL 33065-5314			Mailing Address 8753 NW 27TH STREET CORAL SPRINGS, FL 33065-5314		
2. Principal Place of Business 1813 SW Fears Ave. Suite, Apt. #, etc.		3. Mailing Address 1813 SW Fears Ave. Suite, Apt. #, etc.			
City & State Port Saint Lucie, FL Zip 34953 Country St. Lucie		City & State Port Saint Lucie, FL Zip 34953 Country St. Lucie		4. FEI Number 13-4294793	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HLEWICKI, ADRIENNE 8753 NW 27TH STREET CORAL SPRINGS, FL 33065-5314			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1813 SW Fears Ave. City Port Saint Lucie FL Zip Code 34953		
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: <u>Adrienne Hlewicki</u> DATE: <u>3/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HLEWICKI, JASON 8753 NW 27TH STREET CORAL SPRINGS, FL 330655314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1813 SW Fears Ave. Port Saint Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Adrienne Hlewicki</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/29/06</u>		Daytime Phone: <u>772-621-4741</u>

Adrienne Hlewicki