
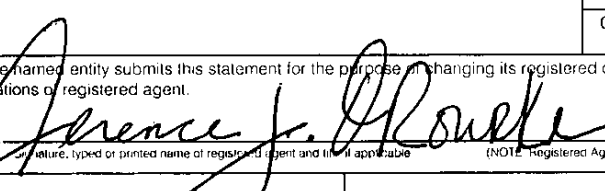
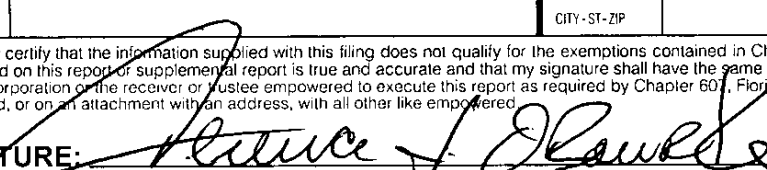


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90177 023 \*\*\*150.00

<b>DOCUMENT # P05000039488</b> 1. Entity Name <b>TASC FLOORING SERVICES, INC.</b>					
Principal Place of Business <b>1313 THOMASVILLE CIRCLE LAKELAND, FL 33811</b>			Mailing Address <b>1313 THOMASVILLE CIRCLE LAKELAND, FL 33811</b>		
2. Principal Place of Business - No P.O. Box # <b>1622 LAMBEAU AVE.</b>		3. Mailing Address <b>PO Box 7513</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SEBRING FL</b>		City & State <b>SEBRING FL</b>		4. FEI Number <b>20-2528464</b>	
Zip <b>33872</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33872</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PAUL, SIMPSON E CPA 509 S. HYDE PARK AVE. TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name <b>TERENCE J. OROURKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1622 LAMBEAU AVE</b> City <b>SEBRING</b> <b>FL</b> Zip Code <b>33872</b>		
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  DATE <b>4/11/07</b> <small>(Signature, typed or printed name of registered agent and firm if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DPV TERENCE, OROURKE J 1313 THOMASVILLE CIRCLE LAKELAND, FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV TERENCE OROURKE J 1622 LAMBEAU AVE. SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: 		Date <b>4/11/07</b>		Daytime Phone # <b>813 4336483</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01152007 Chg-P CR2E034 (12/06)