


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90001 049 ***158.75

DOCUMENT # P05000060730 1. Entity Name E. CORP FLOORS INC			
Principal Place of Business 3810 CHERRY GROVE COURT PORT ORANGE, FL 32129 US		Mailing Address 3810 CHERRY GROVE COURT PORT ORANGE, FL 32129 US	
2. Principal Place of Business 1374 Ana Maria Circle Suite, Apt. #, etc. Port Orange, FL City & State Port Orange, FL Zip Country 32129 US		3. Mailing Address 1374 Ana Maria Circle Suite, Apt. #, etc. Port Orange, FL City & State Port Orange, FL Zip Country 32129 US	
4. FEI Number 412174294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		07222006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent HOOVER, ERIC 3810 CHERRY GROVE COURT PORT ORANGE, FL 32129		7. Name and Address of New Registered Agent Name Hoover, Eric Street Address (P.O. Box Number is Not Acceptable) 1374 Ana Maria Circle City Port Orange FL Zip Code 32129	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOOVER, ERIC 3810 CHERRY GROVE COURT PORT ORANGE, FL 32129	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Hoover, Eric 1374 Ana Maria Circle Port Orange, FL 32129	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Eric P Hoover</u>		Date <u>7-22-06</u> Daytime Phone # <u>386-562-2192</u>	