

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095533

FILED
May 01, 2006
Secretary of State

Entity Name: DAVID E. PORTER'S FLOOR COVERING INC

Current Principal Place of Business:

2479 ATLANTIS DRIVE #10
FORT PIERCE, FL 34981

New Principal Place of Business:

2479 ATLANTIS DRIVE
APT. #10
FORT PIERCE, FL 34981

Current Mailing Address:

P.O. BOX 13262
FORT PIERCE, FL 34985

New Mailing Address:

P.O. BOX 13262
FORT PIERCE, FL 349813262

FEI Number: 20-3115841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, DAVID E
2479 ATLANTIS DRIVE #10
FORT PIERCE, FL 34981 US

Name and Address of New Registered Agent:

PORTER, DAVID E
2479 ATLANTIS DRIVE
APT. #10
FORT PIERCE, FL 34981 US

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: DAVID E. PORTER

05/01/2006

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: P/D () Delete
Name: GILMARTIN, KATHLEEN
Address: P.O. BOX 880073
City-St-Zip: PORT ST. LUCIE, FL 349880073

Title: VP/D () Delete
Name: PORTER, DAVID E
Address: P.O. BOX 13262
City-St-Zip: FORT PIERCE, FL 34985

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: PORTER, DAVID E
Address: 2479 ATLANTIS DRIVE #10
City-St-Zip: FORT PIERCE, FL 34981

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: KATHLEEN GILMARTIN

P/D

05/01/2006

Electronic Signature of Signing Officer or Director

Date