

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000108089

FILED
Dec 07, 2006
Secretary of State

Entity Name: KING OF KINGS FLOORING, CORP.

Current Principal Place of Business:

782 CREAN TERRACE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

1481 SW EDINBURGH DR
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

782 CREAN TERRACE
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

1481 SW EDINBURGH DR
PORT ST. LUCIE, FL 34953 US

FEI Number: 68-0612389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAXPLACE, CORP.
2721 S US 1 SUITE # 9
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

SILVA, PAULO R
1481 SW EDINBURGH DR
PORT ST LUCIE, FL 34953 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: PAULO R SILVA

12/07/2006

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: PD () Delete
Name: SILVA, PAULO R
Address: 5540 EAST TORINO PKWY
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: D (X) Delete
Name: COSTA, WAGNER M
Address: 782 CREAN TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D (X) Delete
Name: DE LEON, EDWIN R
Address: 801 KING ORANGE DR.
City-St-Zip: FORT PIERCE, FL 34982 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, PAULO R
Address: 1481 SW EDINBURGH DR
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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

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

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: PAULO R SILVA

PD

12/07/2006

Electronic Signature of Signing Officer or Director

Date