2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119942

DUNEDIN, FL 34698 US

City-St-Zip:

Entity Name: GROUND ZERO FLOORING REMOVAL, INC.

FILED Apr 30, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
1807 MAIN DUNEDIN	STREET FL 34698	US					
Current Mailing Address:			New Maili	New Mailing Address:			
1807 MAIN DUNEDIN	STREET FL 34698	US					
FEI Number:	: 20-3377914	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired	() t	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
790 WEST DUNEDIN	AN, ROBERT FIELD CT. , FL 34698	US submits this statement for the part of	ournose of changing i	ts registered	d office or registered agent	or both	
	of Florida.	submits this statement for the p	purpose of changing i	is registered	office of registered agent, t	or both,	
SIGNATUR	RE:						
Election Car		onic Signature of Registered Aging Trust Fund Contribution ().	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address:	MALKASIAN, 2661 WINDIN CLEARWATE	IG WOOD DR R, FL 33761 US) Delete ROBERT P	Title: Name: Address: City-St-Zip: Title: Name: Address:	P MALKASIAN 2105 BOW I SAFETY HAI			
City-St-Zip:	DUNEDIN, FL		City-St-Zip:				
Title: Name: Address: City-St-Zip:	ERICK, MALE 2661 WINDIN) Delete (ASIAN M IG WOOD DR R, FL 33761 US	Title: Name: Address: City-St-Zip:	SEC ERICK, MAL 2105 BOW L SAFETY HAI			
Title: Name:	TRES (MONAGHAN, 790 WESTEII		Title: Name: Address:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: ROBERT MONAGHAN VP 04/30/2009