2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# P05000129464

Entity Name: PRESTIGE ITALIAN FLOORS, INC.

Current Principal Place of Business:

3716 LEI DRIVE
SARASOTA, FL 34232

New Principal Place of Business:

10727 NW 11 STREET
PEMBROKES PINES, FL 33026 US

Current Mailing Address:

3716 LEI DRIVE
SARASOTA, FL 34232

New Mailing Address:

10727 NW 11 STREET
PEMBROKE PINES, FL 33026 US

FEI Number: 02-0750175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENIERO, GIUSEPPE A
3716 LEI DRIVE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

FLORES, JOANN N
10727 NW 11 STREET
PEMBROKE PINES, FL 33026 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: JOANN FLORES 05/05/2006
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 ( ) Delete
Name: RENIERO, GIUSEPPE A
Address: 3716 LEI DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: VP (X) Delete
Name: FLORES, JOANN N
Address: 3716 LEI DRIVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: FLORES, JOANN N
Address: 10727 NW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: JOANN FLORES PTSD 05/05/2006
Electronic Signature of Signing Officer or Director Date