

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057780

FILED
Aug 24, 2007
Secretary of State

Entity Name: FANTASTIC FLOORS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2244 SINGLETON AVE
MIMS, FL 32754

New Principal Place of Business:

2515 SHADY OAKS DRIVE
TITUSVILLE, FL 32796

Current Mailing Address:

2244 SINGLETON AVE
MIMS, FL 32754

New Mailing Address:

2515 SHADY OAKS DRIVE
TITUSVILLE, FL 32796

FEI Number: 01-0863870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, SARAH
2244 SINGLETON AVE
MIMS, FL 32754 US

Name and Address of New Registered Agent:

DOUCETTE, JOSEPH
2515 SHADY OAKS DRIVE
TITUSVILLE, FL 32796 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: JOSEPH DOUCETTE

08/24/2007

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: D () Delete
Name: ORTIZ, HECTOR
Address: 2244 SINGLETON AVE
City-St-Zip: MIMS, FL 32754

Title: D () Delete
Name: ORTIZ, SARAH
Address: 2244 SINGLETON AVE
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ORTIZ, HECTOR
Address: 2215 SHADY OAKS DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D (X) Change () Addition
Name: DOUCETTE, JOSEPH
Address: 2215 SHADY OAKS DRIVE
City-St-Zip: TITUSVILLE, FL 32796

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.

SIGNATURE: HESTOR ORTIZ

D

08/24/2007

Electronic Signature of Signing Officer or Director

Date