


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000138768 1. Entity Name TOTAL FLOOR CONCEPTS, INC.	
---	---

Principal Place of Business 66 PICKERING DR. PALM COAST, FL 32164	Mailing Address 66 PICKERING DR. PALM COAST, FL 32164
---	---

DO NOT WRITE IN THIS SPACE

FILED
Jun 12, 2008 08:00 AM
Secretary of State



05222008 No Chg-P CR2E034 (11/05)

4. FEI Number 87-0785452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIRES, EDITE M
66 PICKERING DR.
PALM COAST, FL 32164**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, LUIS F 66 PICKERING DR. PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIRES, EDITE M 66 PICKERING DR. PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**U00000353024
06/12/08-80001-001 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edite H. Pires* *Ruis* **06-06-08 (386) 931-2698**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #