2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152721

Entity Name: GESSI FLOORING, INC.

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1520 OAK DRIVE

FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

1520 OAK DRIVE 4371 LAZIO WAY

FORT MYERS, FL 33907 # 703

FORT MYERS, FL 33901

FEI Number: 20-8029533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE LIMA, GESSILAINE K
1520 OAK DRIVE
DE LIMA, GESSILAINE K
4371 LAZIO WAY

FORT MYERS, FL 33907 US # 703

FORT MYERS, FL 33901 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: GESSILAINE K DE LIMA 01/15/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: DE LIMA, GESSILAINE K Address: 1520 OAK DRIVE DE LIMA, GESSILAINE K Address: 4371 LAZIO WAY # 703

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33901

Title: VPD Title: VPD (X) Change () Addition () Delete Name: RIBEIRO, ILVAN S Name: DA SILVA, FABIO F 1520 OAK DRIVE 4371 LAZIO WAY # 703 Address: Address: FORT MYERS, FL 33907 City-St-Zip: City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DA SILVA, FABIO F
 Name:
 DA SILVA, FLAVIO F

 Address:
 1520 OAK DRIVE
 Address:
 4371 LAZIO WAY # 703

 City-St-Zip:
 FORT MYERS, FL 33907
 City-St-Zip:
 FORT MYERS, FL 33901

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: FABIO F DA SILVA VP 01/15/2008