## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000096073

Entity Name: IMPRESSIONS DECORATIVE CONCRETE, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace Of Dusiliess.

5904 ADAMO DR 18125 US HWY 41 N. TAMPA, FL 33619 SUITE 108

SUITE 108 LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

19206 SUNLAKE BLVD 18125 US HWY 41 N LUTZ, FL 33549 SUITE 108

LUTZ, FL 33549

FEI Number: 59-3479247 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:

 MARTINEZ, KYM C
 MARTINEZ, KYM C CS

 19206 SUNLAKE BLVD
 19206 SUNLAKE BLVD

 LUTZ, FL 33549
 US

 LUTZ, FL 33549
 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: KYM MARTINEZ 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: MARTINEZ, CORBY R Name: MARTINEZ, CORBY R

 Name:
 MARTINEZ, CORBY R
 Name:
 MARTINEZ, CORBY R

 Address:
 19206 SUNLAKE BLVD
 Address:
 19206 SUNLAKE BLVD

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 LUTZ, FL 33549

Title: CS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARTINEZ, KYM C
 Name:

 Address:
 19206 SUNLAKE BLVD
 Address:

 City-St-Zip:
 LUTZ, FL 33549
 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: KYM MARTINEZ CS 04/26/2007