


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90002 022 ***150.00

DOCUMENT # P02000027710
1. Entity Name
TILE DOCTOR OF CENTRAL FLORIDA, INC.




Principal Place of Business
8612 OTTER CREEK COURT
ORLANDO, FL 32829

Mailing Address
8612 OTTER CREEK COURT
ORLANDO, FL 32829

DO NOT WRITE IN THIS SPACE

40121010



05242007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1630917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALICEA, MYRIAM
8612 OTTER CREEK COURT
ORLANDO, FL 32822

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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 GOMEZ, LUIS F 8612 OTTER CREEK COURT ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALICEA, MYRIAM 8612 OTTER CREEK COURT ORLANDO, FL 32829
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	

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: Myriam Alicea-Gomez MYRIAM ALICEA-GOMEZ Date: 06-21-07 407-797-5752 Daytime Phone #