


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90233 039 \*\*\*150.00

DOCUMENT # P04000019796					
1. Entity Name ADEPT MARBLE & TILE INC.					
Principal Place of Business 2301 RIDGE AVE ORLANDO, FL 32803		Mailing Address 2301 RIDGE AVE ORLANDO, FL 32803			
2. Principal Place of Business 12082 LAKE CYPRESS CIRCLE Suite, Apt. #, etc. #K-202		3. Mailing Address 12082 LAKE CYPRESS CIRCLE Suite, Apt. #, etc. #K-202		03252006 Chg-P CR2E034 (11/05)	
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 20-0665646	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32828	Country U.S.A.	Zip 32828	Country U.S.A.		
6. Name and Address of Current Registered Agent ALEXANDRU, RADU D 2301 RIDGE AVENUE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name ALEXANDRU, RADU D Street Address (P.O. Box Number is Not Acceptable) 12082 LAKE CYPRESS CIRCLE #K-202 City ORLANDO FL Zip Code 32828		
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: <i>Radu Alexandru</i>		ALEXANDRU, RADU D.		03/25/06	
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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDRU, RADU D 2301 RIDGE AVENUE ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDRU, RADU D. 12082 LAKE CYPRESS CIRCLE #K-202 ORLANDO, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Radu Alexandru</i>				03/25/06 407-325-9477	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	