2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90026 001 *****8.75
03-23-2006 90026 002 ***150.00

DOCUMENT # P04000080073

1. Entity Name

SCOT DAILEY CUSTOM TILE, INC

Principal Place of Business	Mailing Address
5600 N. BANANNA RIVER BLVD. APT#51 COCOA BEACH FL 32931 US	5600 N. BANANNA RIVER BLVD. APT#51 COCOA BEACH FL 32931 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
5600 N Banana River Blvd #51	5600 N. Banana River Blvd #51
Suite, Apt. #, etc. 51	Suite, Apt. #, etc. 51
City & State: Cocoa Beach, FL	City & State: Cocoa Beach, FL
Zip: 32931 Country: Brevard	Zip: 32931 Country: Brevard

4. FEI Number 20-1154467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MULLER, DICK
1127 S.PATRICK DRIVE
SUITE #3
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name: Dick Muller
Street Address (P.O. Box Number is Not Acceptable): 1127 S. Patrick Dr
Suite #3
City: Satellite FL Zip Code 32937

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.

LEAVE THE SAME !

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAILEY, SCOT M	NAME	
STREET ADDRESS	5600 N. BANANNA RIVER BLVD. #51	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Scot Michael Dailey 1/24/06 Hm (321) 784-1974 Cell (321) 749-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #