2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 15, 2004 8:00 am Secretary of State **DOCUMENT # J80346** 1. Entity Name 07-15-2004 90001 011 ***150.00 3-D TILE, INC. Principal Place of Business Mailing Address 2689 MONTAGUE CT W 2689 MONTAGUE CT W CLEARWATER, FL 34621 211 CLEARWATER, FL 34621 US 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite. Apt. #. etc. 07062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2818373 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EARLY, DON H. 2689 MONTAGUE CT WEST Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 34621 City Zip Code FL 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 Signature, typed of printed name of registered agent and the diapplicable. GIOTE: Bogistered Agent signature (eq.): ortwach (cinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 8, 2004 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Add tion KAME EARLEY, DON H NAME 2689 MONTAGUE CT WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 34621 CITY-ST-ZIP TITLE ☐ De'ete TITLE ☐ Change ☐ Add tion HAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE De'ete TITLE ☐ Change ☐ Addition EAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE De ete DILE ☐ Change Add tion KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-7IP TITLE De'eta DILE ☐ Change ☐ Addition KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME 1.AMF STREET ADDRESS STREET ADDRESS City-St-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 attachm empowered. H. EArle \mathcal{O} e \mathcal{O} SIGNATURE MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED