

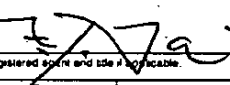




**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90094 023 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 233090</b> 1. Entity Name <b>GULF TILE DISTRIBUTORS OF FLORIDA, INC.</b>			
Principal Place of Business <b>8205 E. ADAMO DRIVE TAMPA, FL 33619</b>		Mailing Address <b>8205 E. ADAMO DRIVE TAMPA, FL 33619</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01222007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-0896214</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARCIA, FRANK J 8205 E. ADAMO DRIVE TAMPA, FL 33619</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, FRANK J 6610 HEATHERTON CT TEMPLE TERRACE, FL 33617		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, LYNETTE 6610 HEATHERTON CT TEMPLE TERRACE, FL 33617		
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	 <b>ENTIRED</b>		
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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			