


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90028 006 ***158.75

DOCUMENT # 358440	
1. Entity Name PREMIX-MARBLETITE MANUFACTURING CO.	

Principal Place of Business 1259 NW 21ST ST. POMPANO BCH FL 33069	Mailing Address 1259 NW 21ST ST. POMPANO BCH FL 33069
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1281165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EHLER, HOWARD JR 1259 NW 21ST ST POMPANO BCH FL 33069	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME HASBACH, GARY	TITLE V	NAME BROWN, STEPHEN
STREET ADDRESS 1259 NW 21ST ST	CITY-ST-ZIP POMPANO BEACH FL 33069	STREET ADDRESS 3551 PEYTON RD	CITY-ST-ZIP COLDWATER MS 38618
TITLE VSD	NAME EHLER, HOWARD JR	TITLE PSD	NAME MCDONALD MARTY
STREET ADDRESS 5621 SW 8TH ST	CITY-ST-ZIP PLANTATION FL 33317	STREET ADDRESS 906 SWEETGUM LN	CITY-ST-ZIP DALLAS GA 75172
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	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 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: HOWARD L. EHLER JR **3-18-05** **(954) 967-7665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #