2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 440212

1. Entity Name
EXPERT TILE, INC.

Principal Place of Business	Mailing Address
7795 ELLIS ROAD	7795 ELLIS ROAD
MELBOURNE, FL 32904-1105	MELBOURNE, FL 32904-1105

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1510312		Not Applicable

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

6. Name and Address of Current Registered Agent

SWERGILSOW, HOWARD M
190 FORTENBERRY RD 107
MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE

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 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, 2007 Fee will be $550.00

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

U00000592338
01/19/07-80058-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PATTEN, RONNIE
STREET ADDRESS	255 MAGNOLIA ST
CITY-ST-ZIP	SATELLITE BCH., FL 00000,
TITLE	V
NAME	PATTEN, RONNIE
STREET ADDRESS	255 MAGNOLIA ST
CITY-ST-ZIP	SATELLITE BCH., FL 00000,
TITLE	SDT
NAME	THOMA, MARTHA
STREET ADDRESS	255 MAGNOLIA ST
CITY-ST-ZIP	SATELLITE BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Martha Thoma_ MARTHA THOMA   1/16/07   321-723-4301

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