2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90040 018 ***150.00

DOCUMENT # 649090

1. Entity Name
MEARS TILE, INC.

Principal Place of Business	Mailing Address
1441 SW 30TH AVE. #32 POMPAMNO BEACH, FL 33069	1441 SW 30TH AVE. #32 POMPAMNO BEACH, FL 33069

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2775 VISTA PARKWAY	SAME
Suite, Apt. #, etc.: G10	Suite, Apt. #, etc.
City & State: W. PALM BCH, FL	City & State
Zip: 33411 Country: USA	Zip Country

01292007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-1962885 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEARS, BRENDA ~~4835 NW 89TH TERRACE~~ ~~CORAL SPRINGS, FL 33067~~	Name: Street Address (P.O. Box Number is Not Acceptable): 9937 NW 57 MANOR City: CORAL SPRINGS FL Zip Code: 33076

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 ____________________ 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, 2007 Fee will be $550.00

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: ST NAME: THOMPSON, RHONDA STREET ADDRESS: 4835 NW 89TH TERRACE CITY-ST-ZIP: CORAL SPRINGS, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS: 9937 NW 57 MNR CITY-ST-ZIP: CORAL SPRINGS, FL 33076	☑ Change ☐ Addition
TITLE: P NAME: MEARS, BRENDA STREET ADDRESS: 4835 NW 89TH TERRACE CITY-ST-ZIP: CORAL SPRINGS, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS: 9937 NW 57 MNR CITY-ST-ZIP: CORAL SPRINGS, FL 33076	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] BRENDA MEARS 1/29/07 561-687-9799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #