2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachi

SIGNATURE: X

Secretary of State DOCUMENT #841220 02-14-2006 90001 022 ***150.00 STANDARD TILE CO. DUDITORO Principal Place of Business Mailing Address 4380 INDEPENDENCE COURT 4380 INDENDENCE COURT SARASOTA, FL 34234-4711 US ŠARASOTA, FL 34234-4711 US 2. Principal Place of Business 3. Mailing Address 1451 Globa Court 1451 Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 CR2E034 (11/05) 4. FEI Number Applied For 31-0820700 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACPHAIL, GORDON Street Address (P.O. Box Number is Not Acceptable) 1451 GLOBAL CRT SARASOTA, FL 34240 City 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 SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CEO TITLE TITLE ☐ Delete Change ☐ Addition MACPHAIL, GORDON NAME NAME 1451 Global Court STREET ADDRESS 1451 GLOBAL FRT STREET ADDRESS CITY - ST- ZIP SARASOTA, FL 34230 CITY-ST-ZIP (XI)Change TITLE ☐ Delete TITLE MACPHAIL, PAUL NAME NAME 1451 GLOBAL FRT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34230 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE MACPHAIL, ROY NAME NAME 1451 GLOBAL CRT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP TITLE Delete MACPHAIL, DINISE NAME NAME STREET ADDRESS 1451 GLOBAL CRT STREET ADDRESS CITY - ST - ZIP SARASOTA, FL 34230 CITY-ST-ZIP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mation supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information upplemental 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 server or true to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supple of the corporation or the received

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with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 14, 2006 8:00 am