2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2008 8:00 am Secretary of State **DOCUMENT #841220** 1. Entity Name 04-04-2008 90024 008 ***150 00 STANDARD TILE CO. Principal Place of Business Mailing Address 1451 GLOBAL CT 1451 GLOBAL CT SARASOTA, FL 34240 US SARASOTA, FL 34240 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 31-0820700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACPHAIL, GORDON Street Address (P.O. Box Number is Not Acceptable) 1451 GLOBAL CRT SARASOTA, FL 34240 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE ☐ Delete TITLE Change ☐ Addition NAME MACPHAIL, GORDON NAME STREET ADDRESS 1451 GLOBAL CT STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE Delete Change ☐ Addition MACPHAIL, PAUL NAME NAME STREET ADDRESS 1451 GLOBAL CT STREET ADDRESS CMY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MACPHAIL, ROY NAME NAME STREET ADDRESS 1451 GLOBAL CRT STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Delete TITLE Change ☐ Addition MACPHAIL, DINISE NAME NAME STREET ADDRESS 1451 GLOBAL CRT STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 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 of trusted employered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme an address SIGNATURE:

FILED