2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007098

Entity Name: SPECIALTY TILE PRODUCTS, INC.

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1700 OAKBROOK DRIVE NORCROSS, GA 30093 **Current Mailing Address: New Mailing Address:** 1700 OAKBROOK DRIVE NORCROSS, GA 30093 FEI Number: 58-1995866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: CFO (X) Change () Addition CALLOL, JOSETTE B CALLOL, JOSETTE B Name: Name: 1048 BYRNWYCK ROAD 1048 BYRNWYCK ROAD Address: Address: City-St-Zip: ATLANTA, GA 30319 City-St-Zip: ATLANTA, GA 30319

Title: DS () Delete Title: DIR (X) Change () Addition

 Name:
 WILKES, WAYNE
 Name:
 WILKES, WAYNE

 Address:
 5028 GRAY ROAD
 Address:
 5028 GRAY ROAD

City-St-Zip: DOUGLASVILLE, GA 30135 City-St-Zip: DOUGLASVILLE, GA 30135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSETTE CALLOL CEO 03/28/2006