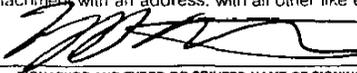


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90014 026 ***150.00

DOCUMENT # F03000004267					
1. Entity Name MASTER TILE EAST INC.					
Principal Place of Business 2001 PENNSYLVANIA AVENUE, N.W., SUITE 950 WASHINGTON DC 20006			Mailing Address 2001 PENNSYLVANIA AVENUE, N.W., SUITE 950 WASHINGTON DC 20006		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0106561	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		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 the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLENNON, ROBERT		NAME		
STREET ADDRESS	12614 HEMPSTEAD HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77092		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SATERBAK, STEVE		NAME		
STREET ADDRESS	12614 HEMPSTEAD HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77092		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRA, HAZEM		NAME		
STREET ADDRESS	2001 PENNSYLVANIA AVENUE, N.W., SUITE 950		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		CITY-ST-ZIP		
TITLE	ASEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTHONY, WILL		NAME		
STREET ADDRESS	2001 PENNSYLVANIA AVENUE, N.W., SUITE 950		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAHONEY, JOHN		NAME		
STREET ADDRESS	12614 HEMPSTEAD HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77092		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			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 Section 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: 			Date: 2/13/06 Daytime Phone #: 202 466 5500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: W.D. Anthony <small>Director, Secretary</small>					