

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90006 039 ***158.75

DOCUMENT # F03000004267	
1. Entity Name MASTER TILE EAST INC.	

Principal Place of Business 2001 PENNSYLVANIA AVE NW, STE 950 WASHINGTON, DC 20006	Mailing Address 2001 PENNSYLVANIA AVE NW, STE 950 WASHINGTON, DC 20006
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40048606



2. Principal Place of Business - No P.O. Box # 2001 Pennsylvania Ave NW Suite, Apt. #, etc. SUITE 1150	3. Mailing Address 2001 Pennsylvania Ave NW Suite, Apt. #, etc. SUITE 1150
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03012007 Chg-P CR2E034 (12/06)

City & State Washington, DC	City & State Washington, DC
Zip 20006	Zip 20006
Country	Country

4. FEI Number 20-0106561	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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
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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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GLENNON, ROBERT 12614 HEMPSTEAD HIGHWAY HOUSTON, TX 77092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SATERBAK, STEVE 12614 HEMPSTEAD HIGHWAY HOUSTON, TX 77092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FARRA, HAZEM 2001 PENNSYLVANIA AVENUE, N.W., SUITE 950 WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FARRA HAZEM 2001 Pennsylvania Ave, NW Suite 1150 Washington, DC 20006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASEC ANTHONY, WILL 2001 PENNSYLVANIA AVENUE, N.W., SUITE 950 WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASEC ANTHONY, WILL 2001 Pennsylvania Ave, NW Suite 1150 Washington, DC 20006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAHONEY, JOHN 12614 HEMPSTEAD HIGHWAY HOUSTON, TX 77092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: William B. Anthony 3/30/07 202-466-5500
SIGNATURE OF REGISTERED AGENT OR REGISTERED AGENT'S EMPLOYEE DATE DAYTIME PHONE #
Assistant Secretary