2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000003583 'FILED 1. Entity Name Jul 23, 2008 08:00 AM VAN DYKE TILE COMPANY, INC. **Secretary of State** Principal Place of Business Mailing Address 707 NICOLET AVE P.O. BOX 665 SUITE 101 WINTER PARK, FL 32790 US WINTER PARK, FL 32789 07182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 63-0840332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent VAN DYKE, DAVID DO NOT WRITE 104 STONEHILL DRIVE MAITLAND, FL 32751 IN THIS SPACE 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 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS **PCST** TITLE VAN DYKE, DAVID NAME STREET ADDRESS 104 STONEHILL DRIVE CITY-ST-ZIP MAITLAND, FL 32751 TITLE NAME U00000956041 07/23/08-80001-003 550.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

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 truetee 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 life empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP