2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 30, 2005 8:00 am
Secretary of State
08-03-2005 90063 040 ***550.00

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1. Entity Name
PALA TILE & CARPET CONTRACTORS, INC.

Principal Place of Business	Mailing Address
600 S COLONIAL AVE ELSMERE, DE 19805	600 S COLONIAL AVE ELSMERE, DE 19805

DO NOT WRITE IN THIS SPACE

07212005 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0302343
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PALA, GENO
394 DEVON PL
HEATHROW, FL 32746

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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] PRESIDENT 7/26/05
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	ZAMBANINI, RICHARD
STREET ADDRESS	120 HAYWOOD RD, CENTERVILLE
CITY-ST-ZIP	WILMINGTON, DE 19807
TITLE	DCST
NAME	PALA, WILLIAM N
STREET ADDRESS	100 BROOKHILL DR
CITY-ST-ZIP	HOCKESSIN, DE 19707
TITLE	D
NAME	PALA, WILLIAM E
STREET ADDRESS	802 WESTRIDGE DR
CITY-ST-ZIP	HOCKESSIN, DE 19707
TITLE	D
NAME	ZAMBANINI, NICOLE
STREET ADDRESS	829 WESTRIDGE DR
CITY-ST-ZIP	HOCKESSIN, DE 19707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 8/24/05 302-652-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #