2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# F97000005460

Entity Name: REGAN TILE, INC.

Current Principal Place of Business:

4189 CROSSTOWNE CT
EVANS, GA 30809

New Principal Place of Business:

Current Mailing Address:

4189 CROSSTOWNE CT
EVANS, GA 30809

New Mailing Address:

FEI Number: 58-1921386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SKIPPER, LAURA
241-767 C.R. 121
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REGAN, LOIS B
Address: 4189 CROSSTOWNE CT
City-St-Zip: EVANS, GA

Title: VP ( ) Delete
Name: REGAN, JR., JOHN P
Address: 4189 CROSSTOWNE CT
City-St-Zip: EVANS, GA

Title: T ( ) Delete
Name: REGAN, TIM
Address: 4189 CROSSTOWNE CT
City-St-Zip: EVANS, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: REGAN, LOIS B
Address: 4189 CROSSTOWNE CT
City-St-Zip: EVANS, GA 30809

Title: VP (X) Change ( ) Addition
Name: REGAN, JR., JOHN P
Address: 4189 CROSSTOWNE CT
City-St-Zip: EVANS, GA 30809

Title: T (X) Change ( ) Addition
Name: REGAN, TIM
Address: 4189 CROSSTOWNE CT
City-St-Zip: EVANS, GA 30809

I hereby certify that the information supplied with this filing does not qualify 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: LOIS B. REGAN P 08/31/2007

Electronic Signature of Signing Officer or Director Date