

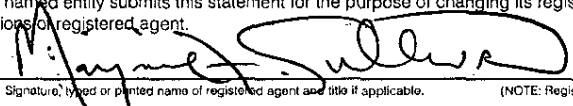
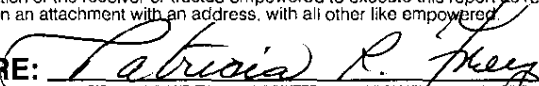


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H35490 1. Entity Name CUSTOM TILE OF DAYTONA, INC.						FILED 04 JUN -7 PM 2:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 412 WAYNE AVE #9 NEW SMYRNA BEACH, FL 32168 US				Mailing Address BOX 290763 PORT ORANGE, FL 32129 US							
2. Principal Place of Business 601 Seagull Ct.		3. Mailing Address 601 Seagull Ct.									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 									
City & State Edgewater, FL		City & State Edgewater, FL									
Zip 32141		Country US		4. FEI Number 59-1654661		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		04062004 Chg-P CR2E034 (10/03)							
6. Name and Address of Current Registered Agent ROBINSON, DAVID C. 1326 S RIDGEWOOD #5 DAYTONA BEACH, FL 32014								7. Name and Address of New Registered Agent Name Marjorie E. Sullivan Street Address (P.O. Box Number is Not Acceptable) 601 Seagull Ct. City Edgewater FL Zip Code 32141			
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 6/1/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>								9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Amended AR is \$61.25											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREY, PAUL L. <input checked="" type="checkbox"/> Delete 601 SEAGULL CT. EDGEWATER, FL 32141			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D George L. Harris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 601 Seagull Ct. Edgewater, FL 32141						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Marjorie F. Sullivan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 601 Seagull Ct. Edgewater, FL 32141						
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 800038554368 07/01/04--01046--004 **61.25						
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 800038554368 07/01/04--01046--005 **17.50						
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						
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-27-04 610-799-2051 <small>Date Daytime Phone #</small>							

Patricia R. Frey, Personal Representative of the Estate of Paul Frey