2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L51895

Entity Name: MARS' TROPICAL TILE, INC.

Current Principal Place of Business:

1951 S MCCALL RD
580
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

1951 S MCCALL RD
580
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 65-0181479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARS, ESTHER
832 E. 6TH ST.
ENGLEWOOD, FL 34223 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARS, FRANK
Address: 17374 METCALF AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: S ( ) Delete
Name: TRIVISON, LAURA
Address: 1951 S MCCALL RD
City-St-Zip: ENGLEWOOD, FL

Title: T ( ) Delete
Name: MARS, FRANK
Address: 17374 METCALF AVE.
City-St-Zip: PT. CHARLOTTE, FL 33954

Title: V ( ) Delete
Name: MARS, ESTHER
Address: 832 E 6TH ST
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: TRIVISON, LAURA
Address: 1120 LAMPP DR.
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LAURA J. TRIVISON S 04/16/2009

Electronic Signature of Signing Officer or Director Date