
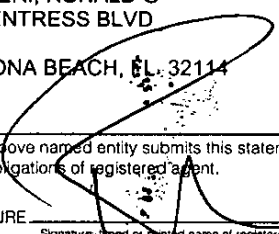


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90055 027 \*\*\*150.00

<b>DOCUMENT # P00000020427</b> 1. Entity Name <b>CERAMIC CONSULTANTS, INC.</b>					
Principal Place of Business <b>4805 FERTRESS BLVD STE M DAYTONA BEACH, FL 32114</b>			Mailing Address <b>4805 FERTRESS BLVD STE M DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business - No P.O. Box # <b>480 FERTRESS BLVD</b>		3. Mailing Address <b>480 FERTRESS BLVD</b>			
Suite, Apt. #, etc. <b>STE M</b>		Suite, Apt. #, etc. <b>STE M</b>			
City & State <b>DAYTONA BEACH FL</b>		City & State <b>DAYTONA BEACH FL</b>			
Zip <b>32114</b>		Country 		Zip <b>32114</b>	
Country 		Country 			
6. Name and Address of Current Registered Agent  <b>MAUGERI, RONALD G 795 FERTRESS BLVD STE I DAYTONA BEACH, FL 32114</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>480 FERTRESS BLVD</b> <b>STE M</b> City <b>DAYTONA BEACH FL</b> Zip Code <b>32114</b>		
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 		<b>RONALD MAUGERI PRESIDENT</b>		<b>1-22-07</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAUGERI, RONALD G</b> <input type="checkbox"/> Delete <b>3126 SPRUCE CREEK BLVD</b> <b>PORT ORANGE, FL 32128</b>		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	
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	
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 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 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.					
<b>SIGNATURE:</b>			<b>RONALD MAUGERI</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1-22-07</b> Daytime Phone # <b>386-257-6688</b>		

40000740



01122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3630289** Applied For  
Not Applicable

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