2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P00000025251

Entity Name: DOCTOR TILE RESTORATION, INC.

Current Principal Place of Business:

326 N.W. DEARMAN ST.
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

C/O 5718 NW 50TH DR
CORAL SPRINGS, FL 33067

New Mailing Address:

326 N.W. DEARMAN ST.
PORT ST. LUCIE, FL 34983

FEI Number: 65-1010940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABBONDONDOLO, TERESA M
C/O 5718 NW 50TH DR
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

ABBONDONDOLO, TERESA M
326 N.W. DEARMAN ST.
PORT ST. LUCIE, FL 34983 US

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: 04/27/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: ABBONDONDOLO, TERESA M
Address: 2919 SW VARSITY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: ABBONDONDOLO, TERESA M
Address: 326 N.W. DEARMAN ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERESA ABBONDONDOLO P 04/27/2005
Electronic Signature of Signing Officer or Director — Date