

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 002 ***150.00

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03212006 Chg-P CR2E034 (11/05)

| | | | |
|--|---|---|--|
| DOCUMENT # P00000040086 1. Entity Name MARBLE & TILE SOLUTIONS, INC. | | | |
| Principal Place of Business 3571 KENT DR NAPLES, FL 34112 | | Mailing Address 3571 KENT DR NAPLES, FL 34112 | |
| 2. Principal Place of Business 116 Forest Hills Blvd Suite, Apt. #, etc. | | 3. Mailing Address 116 Forest Hills Blvd Suite, Apt. #, etc. | |
| City & State Naples, FL | | City & State Naples, FL | |
| Zip 34113 | | Zip 34113 | |
| 4. FEI Number 65-1001796 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DARDIS, THOMAS F 3571 KENT DRIVE NAPLES, FL 34112 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 116 Forest Hills Blvd City Naples FL Zip Code 34113 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 | PDT DARDIS, THOMAS F 3571 KENT DR NAPLES, FL 34112 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DARDIS, MEGAN 3571 KENT DR. NAPLES, FL 34112 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. | | | |
| SIGNATURE: <u>Megan Dardis</u> Megan Dardis | | Date <u>4/6/06</u> Daytime Phone # <u>239/732-6825</u> | |