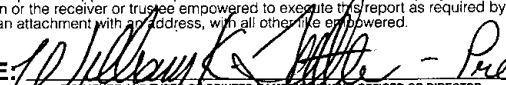


**2001 UNIFORM BUSINESS REPORT (UBR) Amended \$61.25**

DOCUMENT # P00000051264				<p style="text-align: center;">FILED</p> <p style="text-align: center;">01 SEP 18 PM 1:42</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p>	
1. Entity Name <b>TUTTLE TILE, INC.</b>					
Principal Place of Business <b>21836 SW 83rd Loop DUNNELLON FL 34431</b>		Mailing Address <b>21836 SW 83rd Loop Dunnellon FL 34431</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3651990</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILLIAM KEITH TUTTLE 21836 SW 83rd Loop Dunnellon FL 34431</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
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.				<p>300004609753-8</p> <p>-09/25/01--01017--025</p> <p>*****61.25 FL *****61.25</p>	
SIGNATURE _____				DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>				<p><b>FILE NOW!!! FEE IS \$450.00-</b></p> <p><b>After MAY 1, 2001 Fee will be \$550.00-</b></p> <p><b>Make Check Payable to Department of State</b></p>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<p><b>\$5.00 May Be Added to Fees</b></p>	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<p><b>William Keith TUTTLE</b></p> <p><b>President - Vice President - Director</b></p> <p><b>21836 SW 83rd Loop</b></p> <p><b>Dunnellon FL 34431</b></p>	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<p><b>Secretary / Treasurer</b></p> <p><b>Sandy TUTTLE</b></p> <p><b>21836 SW 83rd Loop, Dunnellon FL</b></p> <p><b>34431</b></p>	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other file empowered.					
SIGNATURE  - Pres.				Date <b>9-10-01 (352) 489-6379</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E034 (11/00)