## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000113489

City-St-Zip:

FORT PIERCE, FL 34947

Entity Name: SCOTT FELDMAN TILE, INC.

FILED Apr 26, 2007 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
2198 SW DOVE CANYON WAY PALM CITY, FL 34990				270 SW WALKING PATH STUART, FL 34997			
Current Mailing Address:				New Mailing Address:			
2198 SW DOVE CANYON WAY PALM CITY, FL 34990				270 SW WALKING PATH STUART, FL 34997			
FEI Number: 65-1065360 FEI Number Applied For ( )			( ) FEI Nu	Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FELDMAN, SCOTT A 2198 SW DOVE CANYON WAY PALM CITY, FL 34990 US				FELDMAN, SCOTT A 270 SW WALKING PATH STUART, FL 34997 US			
	named enti e of Florida.	ity submits this statement fo	r the purpose o	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE:				04/26/2007			
	Elect	ronic Signature of Register	ed Agent			Date	
Election Car	npaign Finan	cing Trust Fund Contribution (	).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D FELDMAN, 2198 SW D PALM CITY	OVE CANYON WAY		Title: Name: Address: City-St-Zip:	D FELDMAN, 270 SW W. STUART, F	ALKING PATH	
Title: Name: Address: City-St-Zip:	VP FELDMAN, 2198 SW D PALM CITY	OVE CANYON WAY		Title: Name: Address: City-St-Zip:	VP FELDMAN, 270 SW W. STUART, F	ALKING PATH	
Title: Name: Address:	T BOATWRIG 4003 AVE P	()Delete HT, WILBERT		Title: Name: Address:		( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: SCOTT A. FELDMAN D 04/26/2007