


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P01000020420</b> 1. Entity Name <b>TILE GRAPHICS, INC.</b>	
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Principal Place of Business <b>700 OSAGE DRIVE FORT WALTON BEACH, FL 32547</b>	Mailing Address <b>700 OSAGE DRIVE FORT WALTON BEACH, FL 32547</b>
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03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>HOLMES, JEFFREY B 700 OSAGE DRIVE FORT WALTON BEACH, FL 32547</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000520427 05/02/06-80094-014 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, JEFFREY B 700 OSAGE DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KETCHUM, BERT E 24 NORTH STREET MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, MARK T 313 CECELIA DRIVE FORT WALTON, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Jeffrey B. Holmes** **04-17-06** **850 315-0898**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #