

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033276

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: TILE DESIGNS BY ANTHONY, INC.

**Current Principal Place of Business:**

362 VIA MILAN TERRACE  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

362 VIA MILAN TERRACE  
DAVIE, FL 33325

**New Mailing Address:**

FEI Number: 65-1090922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGONIGLE, JAMES T  
6221 BANYAN TERRACE  
PLANTATION, FL 33317      US

**Name and Address of New Registered Agent:**

ALL FLORIDA FIRM, INC  
813 DELTONA BLVD STE A  
BOX 1349721  
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC      01/16/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DELPOZZO, ANTHONY  
Address: 362 VIA MILAN TERRACE  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CHRISTINA CLARK FOR ANTHONY DELPOZZO      D      01/16/2009  
Electronic Signature of Signing Officer or Director      Date