

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90058 023 ***150.00

DOCUMENT # P01000058005 1. Entity Name ANDREW'S INTERIOR TILE DESIGN, INC.					
Principal Place of Business 8619 CLARIDGE DR MIRAMAR, FL 33025			Mailing Address 8619 CLARIDGE DR MIRAMAR, FL 33025		
2. Principal Place of Business - No P.O. Box # 7530 KISMET ST		3. Mailing Address 7530 KISMET ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 7			
City & State MIRAMAR FL		City & State MIRAMAR FL			
Zip 33023		Country 		4. FEI Number 65-1112494	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMELLIE, ANDREW S 8619 CLARIDGE DR MIRAMAR, FL 33025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7530 KISMET ST City MIRAMAR FL Zip Code 33023		
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  DATE 4/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PST SMELLIE, ANDREW S 8619 CLARIDGE DR MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7530 KISMET ST MIRAMAR, FL 33023
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input 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: 		ANDREW SMELLIE PRESIDENT		4/30/07 (954) 224-8506 Date Daytime Phone #	