2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 14, 2005 08:00 AM Secretary of State DOCUMENT # P01000065366 BLUÉWATER TILE & STONE, INC. Principal Place of Business Mailing Address 1 KRISITN CIR. 1 KRISITN CIR. NICEVILLE, FL 32578 NICEVILLE, FL 32578 CR2E034 (10/03) 03012005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3734968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ECKERT, RHONDA DO NOT WRITE 1 KRISITN CIR. NICEVILLE, FL 32578 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ECKERT, LEROY A NAME 1 KRISITN CIR. STREET ADDRESS U00000262639 CITY -ST-ZIP NICEVILLE, FL 32578 03/14/05-80062-005 150.00 ST TITLE NAME ECKERT, RHONDA STREET ADDRESS 1 KRISITN CIR. NICEVILLE, FL 32578 City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP me IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 trystee 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

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

of LEROY A Eckent

8/2/05

850-830916

FILED