2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P0200011164 1. Entity Name TILE-CRETE, INC.						ILED 20 AHD:16	
Principal Place	of Business	Mailing Address	<u> </u>		03 361	20 /11/10/10	
124 GLUANDRIVE POBOX 15444 SPRINGHUL, FL 34609 US SPRINGHUL, FL 346		FOBOX 15444 SPRINGHILL, FL 34604	us		SEORET. TALL/III	ETHER TAKE	
1100 2 NORVELL KA		• • • • • • • • • • • • • • • • • • • 	PO 130x15444				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (10/03)	
City & State 5 PRING HILL FL		City & State BROOKS VILL	City & State BROOKS VILLE FL		735 04-3	599753 Ap	plied For t Applicable
3460	08 Country USA	34604	Country USA	5. Certificate o		\$8.75 Add Fee Required	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and A	ddress of New R	legistered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR			Street A	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33145							
			City			FL Zip Code	θ
	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or both	in the State of Flo	orida. I am familiar with,	and accept
signature_	ons of registered agent. Signature, typed or printed name of registered agent a	MATT.	De alet d 8 ant alement	ee required when individually es)0597: 5 81871	95880 -001_{at} **70.00	
	эдлашке, урес от рижен напе о гедомен адели а	ват вие в арумсавие. (14012 г	nagastarau Agarit argineti	are required when remarks (mg)		- CATE	
Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.		HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
title Name	PD FOOTE, JOHN H	☐ Delete	TITLE NAME	PD Foote, JOHN	<i>H</i> ·	Change	■ Addition
STREET ADDRESS	124 GILLIAN DRIVE		STREET ADDRESS	11002 NORVEL	L Rd		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	SPRING HILL	FL 34	608	
title Name	VD FOOTE, MICHAEL J	☐ De!ete	TITLE NAME	FOOTE, Mich	Ael J	Change	☐ Addition
STREET ADDRESS	124 GILLIAN DRIVE		STREET ADDRESS	11002 NOR	ELL Ra	.4.	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	SPAING HI			
TITLE NAME	ST FOOTE, PATRICIA L	☐ Delete	TITLE NAME	ST FOOTE, PATRI 11002 NORV SPRING HIL	ein L	Change Change	Addition
STREET ADDRESS	124 GILLIAN DRIVE		STREET ADDRESS	11002 NORV	ELL Rd.	7.4. 0	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	SPRING HIL	L FL =	34608	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
				I			
STREET ADDRESS			STREET ADDRESS	İ			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP				<u></u>
CITY-ST-ZIP		☐ Delete	CITY-ST-ZiP TITLE			☐ Change	Addition
CITY-ST-ZIP		☐ Delete	CITY-ST-ZiP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 to the block to the changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNBO OFFICER OR DIRECTOR | Date | Date | Dayline Phone #