2004 FOR PROFIT CORPORATION ANNUAL REPORT ~

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

Jul 09, 2004 08:00 AM Secretary of State DOCUMENT # P02000029352 KESTER'S TILE CARE, INC. Principal Place of Business Mailing Address 4423 CARLYLE RD. 4423 CARLYLE RD. TAMPA, FL 33615 TAMPA, FL 33615 07022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3029971 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE COUTAIN, KESTER 4423 CARLYLE RD. TAMPA, FL 33615 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 3, 2004 OFFICERS AND DIRECTORS 10. 100000164960 BILE COUTAIN, KESTER NAME 07/09/04-60010-019 150,00 4423 CARLYLE RD. STREET ADDRESS CITY-51~79 TAMPA, FL 33615 TITLE ST COUTAIN SANDRA NAME STREET ADDRESS 4423 CARLYLE RD. CATY-ST-ZIP TAMPA, FL 33615 Ministración promover a crista a destroi e el comence e que in TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE 7171 F NAME STREET ADDRESS CITY-ST-ZIP BITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Flucther 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 oats, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachingent with an address, with all other like empowered.

SIGNATURE: