2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# P02000029352

Entity Name: KESTER'S TILE CARE, INC.

Current Principal Place of Business:

9614 LAUREL LEDGE DRIVE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

2920 C ROAD
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

9614 LAUREL LEDGE DRIVE
RIVERVIEW, FL 33569 US

New Mailing Address:

2920 C ROAD
LOXAHATCHEE, FL 33470 US

FEI Number: 75-3029971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUTAIN, KESTER
9614 LAUREL LEDGE DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 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: JAMISON MARK JESSUP SR 05/14/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COUTAIN, KESTER
Address: 9614 LAUREL LEDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: ST (X) Delete
Name: COUTAIN, SANDRA
Address: 9614 LAUREL LEDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HANCOTTE, MARGARET
Address: 2920 C ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: MARGARET HANCOTTE PRES 05/14/2007
Electronic Signature of Signing Officer or Director Date