

Amend 2006 FOR PROFIT CORPORATION ANNUAL REPORT

02-13-2006 90032 003 ****61.25
P02000038711

DOCUMENT # P02000038711 1. Entity Name T & C TILE INSTALLATION, INC.						06 FEB 24 PM 4:55 SEC. OF STATE TALLAHASSEE, FLORIDA 02082006 Chg-P CR2E034 (11/05)	
Principal Place of Business 4637 TREVOR CREEK DR. N. JACKSONVILLE, FL 32257				Mailing Address 4637 TREVOR CREEK DR. N. JACKSONVILLE, FL 32257			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 04-3636077 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent TARAGJINI, FATOS 4637 TREVOR CREEK DR. N. JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D <input type="checkbox"/> Delete TARAGJINI, FATOS 4637 TREVOR CREEK DR. N. JACKSONVILLE, FL 32257			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ENTER TARAGJINI 4637 Trevor Creek Dr N JACKSONVILLE, FL 32257		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete ---			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LAUDOSH LAGJAJ 4637 TREVOR CREEK DR N JACKSONVILLE, FL 32257		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete ---			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete ---			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete ---			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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: <u>Fatos Taragjini</u> FATOS TARAGJINI 2 (904) 880-8841 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							