

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050856

FILED
Apr 26, 2006
Secretary of State

Entity Name: KSM TILE, INC.

Current Principal Place of Business:

866 COCHRAN RD
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

866 COCHRAN RD
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 74-3045310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELTON, KEVIN S
866 COCHRAN RD
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MELTON, KEVIN S
Address: 866 COCHRAN RD
City-St-Zip: PALM BAY, FL 32909

Title: VP D (X) Delete
Name: FIGUEREDO, JOE
Address: 3200 DADE CR.
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN MELTON

PD

04/26/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date