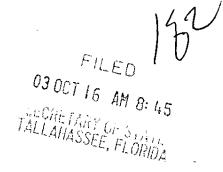
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (U	JBA
DOCUMENT # P0200050856	
. KSM TILE, INC.	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 866 COCHRAN RE	3. Mailing Address). 8 66	OCHRAN RD.			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPAC	E
City & State PALM BAY, FL	City & State PALM B	AY, FL	4. FEI Number 74304531	0	Applied For Not Applicat
Zip 32909 Country USA	32909	Country	5. Certificate of Status Desired	ր \$8.7	75 Additional Required
	transfer pullar comme		7. Name and Address of Current Regi	stered Age	nt
DO NOT WRITE			EVEN MELTON		
The second second	711 F	Street Address ((P.O. Box Number is Not Acceptable)	20	
IN THIS SPA	ACE				
		City	Palm BAY	FL 2	32909
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	s registered office or register	red agent, or both, in the State of Florida.	l am familia	ar with, and accep
SIGNATURE Signature, typed or printed name of registered agent are	title f applicable (NOT	E: Registered Agent signature required	d when reinstation)	DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Chack Payable to Florida Department of S		The state of the s	9. Election Campaign Financin Trust Fund Contribution.		\$5.00 May Be Added to Fees

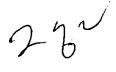
10.	OFFICERS AND DIRECTORS	ANG SELECTION OF THE SECOND	
NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEVIN S. MELTON 866 COCHRAN RD PALM BAY FL 32909	TITLE S. AGME S. STREET ADDRESS. DITY-ST-ZIP	500025232545 12.01/03-01027-0305**150:00,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE RAME SIREET ADDRESS CITY: ST-7/P	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)





ACCOUNTING

October 8, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Subject: KSM TILE, INC Document #: P02000050856

To Whom It May Concern:

Our client mentioned above, had their Corporation administratively dissolved on September 19, 2003 for failing to file a Uniform Business Report. They never received an original or a second notice due to the fact that they were probably mailed to their old address.

An amendment was filed with your office on May 30, 2002 amending Article VIII, Principal Office and Mailing Address (copies enclosed).

We respectfully request that their Corporation be reinstated without any additional fees. Therefore, please find enclosed a Uniform Business Report, along with a check for \$150.00.

Thank you for your cooperation in resolving this matter.

Sincerely,

William J. Franco

Accountant



'May 30, 2002

Florida Dept. Of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Subj: Amendment for KSM TILE, INC.

Dear Sir:

Enclosed please find the following:

- 1. The original and one copy of the Amendment to Articles of Incorporation for the subject corporation.
- 2. A check in the amount of \$35.00 to cover the filing fees for the Amendment to the existing Articles.

Kindly acknowledge filing of this Amendment to the Articles of Incorporation, in compliance with Florida law and return the certified copy of the Amendment to the Articles of Incorporation to the undersigned at Atlantic Paralegal Services, Inc., 1592 N. HWY A1A, Satellite Beach, FL 32937. (321) 773-2020

Thank you for your assistance in this matter.

princerery,

Kevin Scott Melton