2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064493

Entity Name: SUNBLOCK & TILE, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

52BEACH DR. 52 BEACH DR.

KEY WEST, FL 33040 KEY WEST, FL 33040

FEI Number: 02-0619243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR

MIAMI, FL 33145 US

City-St-Zip:

GEOPFERT, JACOB C 52 BEACH DR. KEY WEST, FL 33040 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: JACOB GEOPFERT 03/31/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

KEY WEST, FL 33040 US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GEOPFERT, JACOB C GEOPFERT, JACOB C Name: Name:

40 BEACH DR. 52BEACH DR. Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: Title: SD () Delete (X) Change () Addition

GEOPFERT, BELINDA M Name: Name: GEOPFERT, BELINDA M

40 BEACH DR. 52 BEACH DR. Address: Address: KEY WEST, FL 33040 KEY WEST, FL 33040 City-St-Zip: City-St-Zip:

Title: Title:

() Delete () Change () Addition NICHOLS, OLEN C D Name: Name: 55 BOCA CHICA RD. #442 Address: Address:

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.

City-St-Zip:

SIGNATURE: JACOB GEOPFERT PD 03/31/2009