

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080887

FILED
May 19, 2009
Secretary of State

Entity Name: COMPANIONY'S TILE INSTALLATION, CORP.

Current Principal Place of Business:

4633 CASON COVE DRIVE
1722
ORLANDO, FL 32811 US

New Principal Place of Business:

136 BLUE POINT WAY
170
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

4633 CASON COVE DRIVE
1722
ORLANDO, FL 32811 US

New Mailing Address:

136 BLUE POINT WAY
170
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 32-0024549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPANIONY, LUIS P
4633 CASON COVE DRIVE
1722
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

COMPANIONY, LUIS P
136 BLUE POINT WAY
170
ALTAMONTE SPRINGS, FL 32701 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: LUIS COMPANIONY

05/19/2009

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: P () Delete
Name: COMPANIONY, LUIS P
Address: 4633 CASON COVE DRIVE APT 1722
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COMPANIONY, LUIS P
Address: 136 BLUE POINT WAY APT 170
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: LUIS COMPANIONY

P

05/19/2009

Electronic Signature of Signing Officer or Director

Date