2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# P02000092161

Entity Name: A.D.S. TILE, INC.

Current Principal Place of Business:

513 BIRCH AVENUE SW
PALM BAY, FL 39208

New Principal Place of Business:

Current Mailing Address:

513 BIRCH AVENUE SW
PALM BAY, FL 39208

New Mailing Address:

FEI Number: 71-0902278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCIANNA, ANTHONY SR.
513 BIRCH AVENUE SW
PALM BAY, FL 39208 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

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: SCIANNA, ANTHONY SR.
Address: 513 BIRCH AVENUE SW
City-St-Zip: PALM BAY, FL 39208

Title: D, S ( ) Delete
Name: SCIANNA, DOMINICK
Address: 995 FLOWER STREET NW
City-St-Zip: PALM BAY, FL 32907

Title: D, V ( ) Delete
Name: FALCONE, JAMES
Address: 171 DOLPHIN STREET SE
City-St-Zip: PALM BAY, FL 32909

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D,S ( ) Change (X) Addition
Name: REED, WILLIAM
Address: 923 HUTCHINS STREET SE
City-St-Zip: PALM BAY, FL 32909

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: ANTHONY SCIANNA D,P 10/09/2006

Electronic Signature of Signing Officer or Director Date