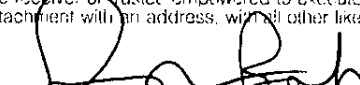


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000101772 1. Entity Name QUALITY TILE INSTALLATIONS BY RHETT BAKER, INC.																							
Principal Place of Business 571 SE VOLKERTS TERRACE PORT ST LUCIE FL 34983			Mailing Address 571 SE VOLKERTS TERRACE PORT ST LUCIE FL 34983																				
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.		1st MOORE CR2E034 (10/07)																			
City & State Zip Country		City & State Zip Country		4. FEI Number 01-0702214 ☐ Applied For ☐ Not Applicable																			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent BAKER, RHETT 571 SE VOLKERTS TERRACE PORT ST LUCIE FL 34983			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																				
8. 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. I am familiar with, and accept the obligations of registered agent.																							
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature required when reinstating)																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">P BAKER, RHETT</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>571 SE VOLKERTS TER</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT SAINT LUCIE FL 34983</td> <td></td> </tr> </table>			TITLE	P BAKER, RHETT	☐ Delete	STREET ADDRESS	571 SE VOLKERTS TER		CITY-ST-ZIP	PORT SAINT LUCIE FL 34983		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"> 000000924322 05/16/08-80069-009 150.00 </td> <td style="width:10%; text-align: right;">☐ Change ☐ Addition</td> </tr> </table>			TITLE	000000924322 05/16/08-80069-009 150.00	☐ Change ☐ Addition						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-22-08 772-240-0815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #