FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90522 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000126672

1. Entity Name
BETTER TILE SERVICES, CORP.

66020111

Principal Place of Business	Mailing Address
6601 SUSSMAN PLACE #203 TAMPA, FL 33615-6158	6601 SUSSMAN PLACE #203 TAMPA, FL 33615-6158

2. Principal Place of Business		3. Mailing Address	
8820 BRENNAN CIR		8820 BRENNAN CIR	
Suite, Apt. #, etc. 304		Suite, Apt. #, etc. 304	
City & State TAMPA - FL		City & State TAMPA - FL	
Zip 33615	Country USA	Zip 33615	Country USA

05012005 Chg-P CR2E034 (10/03)

4. FEI Number 74-3071269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTOS, ISAAC E 6601 SUSSMAN PLACE #203 TAMPA, FL 33615-6158	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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPV	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANTOS, ISAAC E		NAME	
STREET ADDRESS	6601 SUSSMAN PLACE #203		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336156158		CITY-ST-ZIP	
TITLE	TS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANTOS, ISAAC E		NAME	
STREET ADDRESS	6601 SUSSMAN PLACE #203		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336156158		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 5/26/2005 (813)277-6899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #