

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 14, 2007  
Secretary of State**

DOCUMENT# P02000134951

Entity Name: C&S CUSTOM TILE, INC.

**Current Principal Place of Business:**

2453 SWEETAIRE CT  
APOPKA, FL 327124000

**New Principal Place of Business:**

**Current Mailing Address:**

2453 SWEETAIRE CT  
APOPKA, FL 327124000

**New Mailing Address:**

FEI Number: 65-1167277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FISTER, ALAN S  
8064 CLOVERGLEN CIR  
ORLANDO, FL 328188212 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                    ( ) Delete  
Name: SCOGGINS, STEVEN D  
Address: 2453 SWEETAIRE CT  
City-St-Zip: APOPKA, FL 327124000

Title: D                    ( ) Delete  
Name: MILLER, CHARLES L  
Address: 4893 PINTO WAY  
City-St-Zip: ORLANDO, FL 32810

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: T                    ( ) Change (X) Addition  
Name: TZENEVRAKIS, STAVROS E  
Address: 840 NAPLES DRIVE  
City-St-Zip: ORLANDO, FL 32804

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: STEVEN D. SCOGGINS

D

05/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date