

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015519

Entity Name: NEW IDEAS TILE, INC.

FILED  
Mar 12, 2004  
Secretary of State

## Current Principal Place of Business:

3070 MICHIGAN AVE.  
KISSIMMEE, FL 34744

## New Principal Place of Business:

502 SOUTH HIGHLAND STREET  
MOUNT DORA, FL 32757 US

## Current Mailing Address:

3070 MICHIGAN AVE.  
KISSIMMEE, FL 34744

## New Mailing Address:

502 SOUTH HIGHLAND STREET  
MOUNT DORA, FL 32757 US

FEI Number: 25-1901764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALONZO, ALICIA  
3070 MICHIGAN AVE.  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

ALONZO, ALICIA  
502 SOUTH HIGHLAND STREET  
MOUNT DORA, FL 32757 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: ALICIA ALONZO

03/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: ALONZO, ALICIA  
Address: 502 SOUTH HIGHLAND STREET  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: S ( ) Change (X) Addition  
Name: ALONZO, ALICIA  
Address: 502 SOUTH HIGHLAND STREET  
City-St-Zip: MOUNT DORA, FL 32757 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALICIA ALONZO

P

03/12/2004

Electronic Signature of Signing Officer or Director

Date