## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000021032

MARTINEZ, FELICIANO

INTERCESSION CITY, FL 33848

P.O. BOX 477

Name:

Address: City-St-Zip:

Entity Name: SMART TILE INC

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5995 PORPOISE LANE 5012 LOBLOLLY BAY LANE ORLANDO, FL 32822 ORLANDO, FL 32829 **Current Mailing Address: New Mailing Address:** 5995 PORPOISE LANE 5012 LOBLOLLY BAY LANE ORLANDO, FL 32822 ORLANDO, FL 32829 FEI Number: 30-0156322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DIAZ, JUAN DIAZ, JUAN 2012 LOBLOLLY LANE 5240 MAUI LN ORLANDO, FL 32812 US US ORLANDO, FL 32829 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: 04/29/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition DIAZ, JUAN Name: Name: DIAZ, JUAN 5995 PORPOISE LANE 5012 LOBLOLLY BAY LANE Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32829 (X) Delete Title: VΡ Title: () Change () Addition Name: MALDONADO, FRANCISCO Name: 108 POLK CITY RD. Address: Address: HAINES CITY, FL 33844 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JUAN DIAZ P 04/29/2005