2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# P03000053549

Entity Name: NEW FOCUS TILE & MARBLE, INC.

Current Principal Place of Business:

12364-2 WOODROSE CT
FT MYERS, FL 33907

New Principal Place of Business:

5309 SUMMERLIN RD # 5
FT MYERS, FL 33919

Current Mailing Address:

12364-2 WOODROSE CT
FT MYERS, FL 33907

New Mailing Address:

5309 SUMMERLIN RD #5
FT MYERS, FL 33919

FEI Number: 75-3116244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMORIM, CLODOALDO
12364-2 WOODROSE CT
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

AMORIM, CLODOALDO
5309 SUMMERLIN RD #5
FORT MYERS, FL 33919 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: 05/06/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AMORIM, CLODOALDO
Address: 12364-2 WOODROSE CT.
City-St-Zip: FT MYERS, FL 33907

Title: VPD ( ) Delete
Name: AMORIM, ANTONIO METON
Address: 12364-2 WOODROSE CT.
City-St-Zip: FT MYERS, FL 33907

Title: TD (X) Delete
Name: VIOTTO, JOAO B
Address: 12364-2 WOODROSE CT.
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AMORIM, CLODOALDO
Address: 5309 SUMMERLIN RD #5
City-St-Zip: FORT MYERS, FL 33919

Title: VPD (X) Change ( ) Addition
Name: AMORIN, ANTONIO METON
Address: 5309 SUMMERLIN RD #5
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CLODOALDO AMORIM PD 05/06/2005
Electronic Signature of Signing Officer or Director — Date