2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90090 032 ***150.00

DOCUMENT # P03000058920

1. Entity Name
THE ORIGINAL IDEA TILE, INC.

Principal Place of Business	Mailing Address
1192 E. CARROLL STREET KISSIMMEE, FL 34744	1192 E. CARROLL STREET KISSIMMEE, FL 34744

01122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 16-1669707 ☐ 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
TATIS, TOMAS 1192 E. CARROLL STREET KISSIMMEE, FL 34744	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD TATIS, TOMAS 1192 E. CARROLL STREET KISSIMMEE, FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 5/3/07 407 4218618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

The Original Ideas Tile, Inc ATTACHMENT May 3, 2007.
Tel/Fax: (407) 518 0039.
1192 East Carroll st. H0105793
Kissimmee FL, 34744.

FROM: Tomas Patis.
President.
Document # P03000058920.
FEI Number 16-1669707.

Attention: Florida Department of State.
Division of Corporations.
PO Box 1500
Tallahassee, FL 32302-1500

I want to apologize for the late payment due to we lost the invoice. As a consequence I forgot to send the payment at time. Sincerely this incident was unintentionally. Im so sorry for any inconvenient that we may cause. It won't happen again.

Best Regards:

Firma:

Tomas Patis.
President.