

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000058920

THE ORIGINAL IDEA TILE, INC.



## FILED May 22, 2008 8:00 am Secretary of State 05-22-2008 90016 017 \*\*\*150.00

Pincopal Piace of Business   Mailing Address   Mailing Address   Missimmeter FL 34744   M							THE STATE OF THE S						
2. Principal Place of Business - No P.O. Box #   3. Mailing Address	1192 E. CARROLL STREET				1192 E. CARROLL STREET					004328	84		
Suite, Apil, 4, etc.   Suite, Apil, 4, etc.   City & State   Cit	KISSIMMEE,	FL 34/44		K	1551MMEE, FE 34/44	1							
City & State    City & State	2. Principal P	Place of Busin	ness - No P.O. Box #	3.	3. Mailing Address								
Table	Suite, Apt.	#, etc.			Suite, Apt. #, etc.				01232008	Chg-P	CR2I	E034 (12/06)	
SUBJECT ADDRESS OF SUBJECT ADDRE	City & State				City & State			_				A	oplied For
S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Addr	Zip Country				Zip	Coun	ntry	+	_				
TATIS, TOMAS 1192 E. CARROLL STREET KISSIMMEE, FL 34744  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  PILE NOWIII FEE IS \$150,000  OFFICERS AND DIFFECTORS  19. Election Campaign Financing Financin	6 Name and Address of Comment				tered Agent	I		Fee Required					
SIGNATURE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Supplement Agent for incommon agence was the # speciation   POTE Angelered Agent septiate recursed when rendaining				it itogia			- Name		7. Hallie alle	- Address of Ne		- Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature typed or protect reter of registered agent and title disposable.   (NOTE Registered Agent separature recovered when revokation)   DATE	1192 E. CARROLL STREET						Street Addre	ess (P.	O. Box Numb	er is Not Accept	able)		
SIGNATURE    Signature   Trust   File   Satisound   Sages and little disposaciable   MOTE: Registered Agent signature recounted when recotating)   DATE							City				F	L Zip Coo	e
### Pile NOWIII FEE IS \$150.00 ### Affor Will 1				for the p	ourpose of changing its	register	ed office or regi	istered	agent, or bo	th, in the State o	of Florida. I a	m familiar with	and accept
### Pile NOWIII FEE IS \$150.00 ### Affor Will 1	SIGNATURE		•										
After May 1, 2008 Fee will be \$55.0.00  Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE TATIS, TOMAS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A		Signature, typed	or printed name of registered age	nt and title	if applicable. (NOT	E: Registere	d Agent signature req	quired wi	hen reinstaling)		DATE		
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	12. I hereby	certify that th	e information supplied w	ith this	iling does not quality fo	or the ex	emptions contai	ained in	n Chapter 11	9, Florida Statute	es. I further o	ertify that the	nformation

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, when all other like empowered.

SIGNATURE: \_

Daytime Phone #