2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000081070 1. Entity Name MASTER MARBILE & GRANITE, INC.



FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business 1014 U.S. HIGHWAY 19

HOLIDAY, FL 34691 US

SIGNATURE:

SUITE 126

Mailing Address

1014 U.S. HIGHWAY 19 SUITE 126

HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0071878

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

Applied For

6. Name and Address of Current Registered Agent

LAW OFFICE OF JOHN D. ANDREOPOULOS, P.A. 1014 U.S. HIGHWAY 19 SUITE 110 HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE

| the obligations of registered agent. SIGNATURE | | | | | U00000543859 05/11/06-80012-016 150.00 ™ | |
|---|--|--|--------|--------------------------------|--|------|
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | cing 🗆 | \$5.00 May Be Added to Fees | 04-27 | - 06 |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KARRULI, ILIR 508 PALM AVENUE PALM HARBOR, FL 34583 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-JP | | | | | and the second s | |
| TITLE NAME STREET ADDRESS CATY-ST-ZIP | | | | DO N | OT WRITE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | IN T | HIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-TIP | | | | | | |
| TITLE NAME STREET ADDRESS CATY-ST-ZIP | | | | | 200 (100 (100 (100 (100 (100 (100 (100 (| - E) |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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