2006 FOR PROFIT CORPORATION

Apr 14, 2006 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P03000094149** 1. Entity Name SPEEDY TILE, S INC. Principal Place of Business Mailing Address 3651 N.W. 36 ST. 3651 N.W. 36 ST. LAUDERDALE LAKES, FL 33309 LAUDERDALE LAKES, FL 33309 CR2E034 (11/05) 04072006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 02-0711261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILIAMS, PATRICK DO NOT WRITE 3651 NW 36 STREET LAUDERDALE LAKES, FL 33309 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 11000000589008 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/28/06-80029-004 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE Bwner WILLIAMS, PATRICK NAME STREET ADDRESS 3651 N W 36 ST CITY-ST-ZIP LAUDERDALE LAKES, FL 33309 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

CITY-ST-ZIP me

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CONTROL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED