

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90411 016 ***150.00

DOCUMENT # P03000097017		
1. Entity Name SOUTHERN TILE & MARBLE DESIGN, INC.		

Principal Place of Business 3218 PRINCESS DIANA BLVD ORLANDO, FL 32818 US	Mailing Address 3218 PRINCESS DIANA BLVD ORLANDO, FL 32818 US
<i>Address changed to:</i>	

2. Principal Place of Business <i>1825 Shoresbrookway</i> Suite, Apt. #, etc.	3. Mailing Address <i>1825 Shoresbrookway</i> Suite, Apt. #, etc.
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City & State <i>Orlando, Florida</i>	City & State <i>Orlando Florida</i>
Zip <i>32837</i>	Zip <i>32837</i>
Country <i>orange</i>	Country <i>orange</i>

6. Name and Address of Current Registered Agent DINH, MINH KHAC 3218 PRINCESS DIANA BLVD ORLANDO, FL 32818 <i>1825 Shoresbrookway</i> <i>Orlando, FL 32837</i>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P DINH, MINH KHAC 3218 PRINCESS DIANA BLVD <i>1825 Shoresbrookway</i> ORLANDO, FL 32818 <i>Orlando FL 32837</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete V LY, CAM DUNG THI 3218 PRINCESS DIANA BLVD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
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40059611



04112006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0202167	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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4/17/06

Date Daytime Phone #