

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90041 014 \*\*\*150.00

<b>DOCUMENT # P03000100624</b> 1. Entity Name <b>EMANUELLI TILE, INC.</b>			
Principal Place of Business 2228 BAHIA VISTA UNIT C5 SARASOTA, FL 34239		Mailing Address 2228 BAHIA VISTA UNIT C5 SARASOTA, FL 34239	
2. Principal Place of Business <b>2486 S. SCARLET OAK CT.</b>		3. Mailing Address <b>2486 S. SCARLET OAK CT.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34232</b>		Zip <b>34232</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>02-0706453</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>EMANUELLI, MARIO</b> <b>2228 BAHIA VISTA</b> <b>UNIT C5</b> <b>SARASOTA, FL 34239</b>		7. Name and Address of New Registered Agent Name <b>EMANUELLI, MARIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2486 S. SCARLET OAK CT.</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34232</b>	
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 <b>MARIO EMANUELLI</b> <b>PRESIDENT</b> <b>2-13-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PRES EMANUELLI, MARIO 2228 BAHIA VISTA UNIT C5 SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2486 S. SCARLET OAK COURT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMANUELLI, SOPHIA 2228 BAHIA VISTA UNIT C5 SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2486 S. SCARLET OAK COURT SARASOTA, FL 34232
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <b>SOPHIA C. EMANUELLI</b> <b>2-13-06</b> <b>(941) 343-0708</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			