## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P03000111721 1. Entity Name RICKY MARTIN CERAMIC TILE, INC. Principal Place of Business Mailing Address 2844 SILVER SPUR LOOP 2844 SILVER SPUR LOOP LAKE WALES, FL 33898 LAKE WALES, FL 33898 04112005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0096021 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, RICKY J DO NOT WRITE 2844 SILVER SPUR LOOP LAKE WALES, FL 33898 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 reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITT F NAME MARTIN, RICKY J STREET ADDRESS 2844 SILVER SPUR LOOP CITY-ST-ZIP LAKE WALES, FL 33898 U000000324071 TITLE 04/22/05-80080-001 150.00 NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP 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 exemption stated in Section 119.07(3)(i), 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.

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED