## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 26, 2007 08:00 All Secretary of State DOCUMENT # P03000111721 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 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 32-0096021 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, RICKY J Street Address (P.O. Box Number is Not Acceptable) 2844 SILVER SPUR LOOP LAKE WALES FL 33898 City Zıp Code 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 Signature, typed or printed name of registered agent and title it applicable DATE (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete HILE ☐ Change ☐ Addition MARTIN, RICKY J NAME NAME 2844 SILVER SPUR LOOP STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME U00000648103 STREET ADDRESS STREET ADDRESS 03/06/07-80099-009 150.00 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-GI-ZIP TITLE Delete TITLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ШŒ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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SIGNATURE: Rich Muit Rick J. Martin 2/21/07 (863) 528-770