2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 8:00 am
Secretary of State
09-05-2007 90005 011 ***158.75

DOCUMENT # P03000119613

1. Entity Name
EXTREME TILE & MARBLE INC.

Principal Place of Business
9224 N EUBANKS TERR
DUNNELLON, FL 34433 US

Mailing Address
9224 N EUBANKS TERR
DUNNELLON, FL 34433 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08202007 Chg-P CR2E034 (12/06)

4. FEI Number 27-0069905 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTA, MICHAEL
10679 N ACADEMY DR
CITRUS SPRINGS, FL 34434

7. Name and Address of New Registered Agent

Name: Porta Michael
Street Address (P.O. Box Number is Not Acceptable): 9224 N. Eubanks Terr.
Dunnellon Fl. 34433
City FL Zip 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	PORTA, MICHAEL	
STREET ADDRESS	9224 N EUBANKS TERR	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: [signature] 8/28/07 (352) 302-2866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 40131328

To whom this ~~#~~ P03000119613 may Concern.

The annual report that I am sending back to you is the first one I received for the year.

If you look back to see I have never filed late reports.

When we looked back at our files all the way to Oct. of 06, I show nothing from your department till this report now.

Please if you have any question Call Michael Porta at (352) 302-2866

Thank you