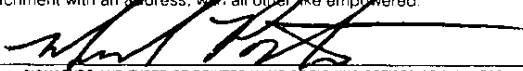


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State 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 date if applicable. (NOTE: Registered Agent signature required when completing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTA, MICHAEL 9224 N EUBANKS TERR DUNNELLON, FL 34433	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  8/28/07 (352) 302-2866 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT 40131328

To whom this ~~#~~ PO30001196K3 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

A handwritten signature in black ink, appearing to be 'Michael Porta'.