2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P03000120098 1. Entity Name 04-20-2005 90342 002 ***150.00 FAY PERRY TILE INC. Principal Place of Business Mailing Address P.O. BOX 451 207 SE 8TH ST. 50040329 APT. A TRENTON FL 32693 TRENTON FL 32693 2. Principal Place of Business 3. Mailing Address 1970 NW 10Th S+ 10Th St 1970 NW Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 61-1459122 Bell, Fl Bell Not Applicable 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 PERRY, KAREN Street Address (P.O. Box Number is Not Acceptable) 207 SW 8TH ST. APT. A TRENTON FL 32693 Bel City 8. The above named entity subtriplits 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State **★ OFFICERS AND DIRECTORS** 10:-11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ☐ Delete TITLE Change Perry, Fay 10Th St PERRY, FAY NAME STREET ADDRESS 412 SE. LANCASTER AVE. STREET ADDRESS CITY-ST-ZIP PORT ST. LUICE FL 34984 CITY-ST-7/P Bell Fl TILLE ☐ Delete ☐ Addition TITLE Perry, Karen 1970 NW 10 NAME PERRY, KAREN NAME STREET ADDRESS 412 SE, LANCASTER AVE. STREET ADDRESS 32619 CITY-ST-ZIP PORT ST. LUICE FL 34984 CITY-ST-ZIP Bell, TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED