2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P03000124424 1. Entity Name FRANKO TILE, INC. Principal Place of Business Mailing Address 96585 CESSNA DRIVE 96585 CESSNA DRIVE YULEE, FL 32097 YULEE, FL 32097 No Chg-P CR2E034 (11/05) 01252007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2424197 Not Applicable \$8.75 Additional 5. Certificate of Status Desired gragation to the first feet of the part Fee Required 6. Name and Address of Current Registered Agent SPENCER, FRANKLIN J DO NOT WRITE 96585 CESSNA DRIVE YULEE, FL 32097 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 1 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE SPENCER, FRANKLIN J NAME 96585 CESSNA DR STREET ADDRESS CITY-ST-ZIP YULEE, FL 32097 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT! F 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Franklin DSPGrelle

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