


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124806		
1. Entity Name TILE WORKS & DIRTY DEEDS INC.		

FILED
2007 DEC 20 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6807 CABELLO DRIVE JACKSONVILLE, FL 32226 US	Mailing Address 6807 CABELLO DRIVE JACKSONVILLE, FL 32226 US
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2. Principal Place of Business - No P.O. Box # 6807 CABELLO DR.	3. Mailing Address 6807 CABELLO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FLORIDA	City & State JACKSONVILLE, FL
Zip 32226	Zip 32226
Country DUVAL	Country DUVAL



6. Name and Address of Current Registered Agent BOZEMAN, JAMES A 701 SOANISH MAIN RD #557 CUDJOE KEY, FL 33042		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>James Bozeman</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 12/5/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BOZEMAN, DONNA M 6807 CABELLO DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700113298787 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/20/07--01009--005 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BOZEMAN, JAMES A 6807 CABELLO DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Donna M. Bozeman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 12/5/07 (904) 327-5076 Daytime Phone #

RECEIVED DEC 20 2007