


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90102 030 ***150.00

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| DOCUMENT # P03000126298 |  |
| 1. Entity Name IMPRIMIS TILE, INC. | |

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| Principal Place of Business 11231 US HWY 1 SUITE 339 NORTH PALM BEACH, FL 33408 US | Mailing Address 11231 US HWY 1 SUITE 339 NORTH PALM BEACH, FL 33408 US |
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50049021



04202005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0377243 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent DYSART, RICHARD E II 1024 INDIAN TRACE CIRCLE #107 RIVIERA BEACH, FL 33407 <i>11231 U.S. Hwy 1 Suite 339 N. Palm Bch, FL 33408</i> | DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Richard Dysart II* **Richard Dysart II** *7/28/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DYSART, RICHARD E II 11231 US HWY 1 SUITE 339 NORTH PALM BEACH, FL 33408 |
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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Richard Dysart II* **Richard Dysart II** *7/28/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #