2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2006 8:00 am Secretary of State DOCUMENT # P03000131456 04-19-2006 90101 039 ***150.00 AAA TILE & MARBLE, INC. Principal Place of Business Mailing Address 20032786 1334 ROOSEVELT DRIVE 1334 ROOSEVELT DRIVE ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 3. Mailing Address 2. Principal Place of Business 838 East Redhouse Branch Rd 838 East Redhouse Branch Rd Suite, Apt. #, etc. Suite. Apt. #. etc. 04132006 Chg-P CR2E034 (11/05) St. Augustine, FL St. Augustine, FL 4. FEI Number Applied For 20-0397680 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 32084 32084 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLAPPERT, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 838 East Redhouse Branch Rd 1334 ROOSEVELT DRIVE ST. AUGUSTINE, FL 32084 St. Augustine 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. the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing. **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Delete DILE TITLE PLAPPERT, WILLIAM H NAME 838 East Redhouse Branch Rd. 1334 ROOSEVELT DRIVE STREET ADDRESS STREET ADDRESS St. Augustine, FL CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE, FL 32084 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

Davime Phone #