2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2008
Secretary of State

DOCUMENT# P03000132727

Entity Name: KEITH EDWARDS CUSTOM TILE, INC.

Current Principal Place of Business:

55735 CARROL ST.
ASTOR, FL 32102 US

New Principal Place of Business:

24126 TRESPASS TRAIL
ASTOR, FL 32102 US

Current Mailing Address:

55735 CARROL ST.
ASTOR, FL 32102 US

New Mailing Address:

24126 TRESPASS TRAIL
ASTOR, FL 32102 US

FEI Number: 20-0397307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, KEITH W
55735 CARROL ST.
ASTOR, FL 32102 US

Name and Address of New Registered Agent:

EDWARDS, KEITH W
24126 TRESPASS TRAIL
ASTOR, FL 32102 US

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.

SIGNATURE: 03/09/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EDWARDS, KEITH
Address: 55735 CARROL ST.
City-St-Zip: ASTOR, FL 32102

Title: VP ( ) Delete
Name: EDWARDS, CHRISTINE
Address: 55735 CARROL ST
City-St-Zip: ASTOR, FL 32102

Title: O (X) Delete
Name: NELSON, SONNY J
Address: 55735 CARROL ST
City-St-Zip: ASTOR, FL 32102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EDWARDS, KEITH
Address: 24126 TRESPASS TRAIL
City-St-Zip: ASTOR, FL 32102

Title: VP (X) Change ( ) Addition
Name: EDWARDS, CHRISTINE
Address: 24126 TRESPASS TRAIL
City-St-Zip: ASTOR, FL 32102

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH W. EDWARDS RA 03/09/2008
Electronic Signature of Signing Officer or Director — Date