2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90069 020 ***150.00

DOCUMENT # P03000132755

1. Entity Name
D'S & Y'S, TILERS, INC.

Principal Place of Business	Mailing Address
965 HANCOCK LANE PALM ROAD ORLANDO, FL 32828	965 HANCOCK LANE PALM ROAD ORLANDO, FL 32828

400193O7

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	151 Park Lane Suite, Apt. #, etc.
City & State	City & State: Titusville, FL.
Zip / Country	Zip: 32780 / Country: Brevard

4. FEI Number: 20-0403393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DULZAIDES, DARIO 965 HANCOCK LANE PALM ROAD ORLANDO, FL 32828	Name: DARIO DULZAIDES Street Address (P.O. Box Number is Not Acceptable): 151 PARK LANE City: Titusville FL Zip Code: 32780

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: _____ DATE: 1/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT DULZAIDES, DARIO 965 HANCOCK LANE PALM ROAD ORLANDO, FL 32828	☐ Delete	PT DULZAIDES, DARIO 151 Park Lane Titusville, FL. 32780	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS REINA, YUNILEYDYS 965 HANCOCK LANE PALM ROAD ORLANDO, FL 32828	☐ Delete	VS REINA, YUNILEYDYS 151 Park Lane Titusville, FL. 32780	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ 1/9/06 321-593 2281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #