


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P03000136607 |  |
| 1. Entity Name B & I TILE, INC. | |

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| Principal Place of Business 19151 SE 135 COURT #11 DUNNELLO, FL 34431 | Mailing Address 19151 SE 135 COURT #11 DUNNELLO, FL 34431 |
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DO NOT WRITE IN THIS SPACE

01002007 No Orig-1 CR2009 (1/1/05)

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| 4. FEI Number 14-1899436 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BELLFLOWER, EUGENE R
 19151 SE 135 COURT #11
 DUNNELLO, FL 34431

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 _____ DATE _____
Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BELLFLOWERS, EUGENE R 19151 SE 135 COURT #11 DUNNELLO, FL 34431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BELLFLOWERS, IRENE 19151 SE 135 COURT #11 DUNNELLO, FL 34431 |
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 02/02/07-80042-024 150.00

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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: *Irene Bellflowers* 1-28-07 3524890919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #