


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90118 009 ***150.00

DOCUMENT # P03000137536	
1. Entity Name TONY'S TILE DESIGN, INC.	

Principal Place of Business 1902 SPALOMAR DRIVE DELTONA, FL 32738	Mailing Address 1902 SPALOMAR DRIVE DELTONA, FL 32738
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44052342



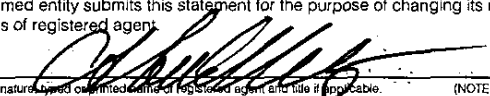
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08312004 Chg-P CR2E034 (10/03)

4. FEI Number 20 0426599	Applied For Not Applicable
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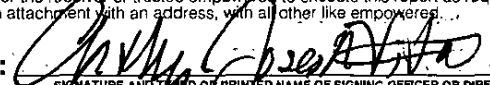
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VITALE, ANTHONY 1902 S PALOMAR DRIVE DELTONA, FL 32738	7. Name and Address of New Registered Agent Name: Chobee Ebbets, Esq. Street Address (P.O. Box Number is Not Acceptable): 210 SOUTH BEACH ST., SUITE 200 City: DAYTONA BEACH FL Zip Code: 32115
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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: 	8/31/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD VITALE, ANTHONY 1902 S PALOMAR DRIVE DELTONA, FL 32738 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VITALE, ANTHONY JOSEPH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1902 S PALOMAR DRIVE DELTONA, FL 32738 (VICE-PRESIDENT)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VITALE, CATHERINE 1902 S PALOMAR DRIVE DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VITALE, CATHERINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1902 S PALOMAR DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUERBACHER, ALEJANDRO 1902 S PALOMAR DRIVE DELTONA, FL 32738 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	8/31/04 386-860-2557
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	