


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90139 044 \*\*\*150.00

<b>DOCUMENT # P03000139241</b> 1. Entity Name <b>TILE PERFECTIONS, INC.</b>					
Principal Place of Business <b>2129 MAR MAR LN. NAVARRE, FL 32566</b>			Mailing Address <b>2129 MAR MAR LN. NAVARRE, FL 32566</b>		
2. Principal Place of Business - No P.O. Box # <b>2567 WEEPING WILLOW LN</b>			3. Mailing Address <b>2567 WEEPING WILLOW LN</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>NAVARRE</b>			City & State <b>NAVARRE</b>		
Zip <b>32566</b>		Country <b>FL</b>		4. FEI Number <b>20-0429691</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GOURLY, HEIDI M 2129 MAR MAR LN. NAVARRE, FL 32566</b>			7. Name and Address of New Registered Agent Name <b>HEIDI GOURLY GOURLY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2567 WEEPING WILLOW LN</b> City <b>NAVARRE</b> <b>FL</b> Zip Code <b>32566</b>		
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 <b>Heidi Gourley</b> DATE <b>4/30/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D GOURLY, RICHARD 2129 MAR MAR LN. NAVARRE, FL 32566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOURLY, HEIDI 2129 MAR MAR LN. NAVARRE, FL 32566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOURLY, HEIDI 2129 MAR MAR LN. NAVARRE, FL 32566	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOURLY, HEIDI 2129 MAR MAR LN. NAVARRE, FL 32566	<input type="checkbox"/> Delete			
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: <b>Heidi Gourley</b> DATE: <b>4/30/08</b> (850) <b>855 0593</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					