2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P03000139783 04-14-2004 90039 003 ***150.00 DENNIS DEGILIO CERAMIC TILE, INC. Principal Place of Business Mailing Address 5116 ALAMETOS TERRACE 5116 ALAMETOS TERRACE 34041800 NORTH PORT, FL 34228 NORTH PORT, FL 34228 2. Principal Place of Business 3. Mailing Address 14942 TAM.AM, TR 4942 TAMIAMI Suite, Apt. #, etc. 04092004 Chg-P CR2E034 (10/03) WNITB UNIT City & State City & State 4. FEI Number Applied For NORTH WORTH 200456310 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGUR, ROBERT W ROBERT W. SEGUR, P.A. -Street Address (P.O. Box Number is Not Acceptable) ----18501 MURDOCK CIRCLE, SUITE 307 PORT CHARLOTTE, FL 33948 City Zip Code 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when remataling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete DEGILIO, DENNIS NAME NAME STREET ADDRESS 5116 ALAMETOS TERRACE STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34228 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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.

AME OF SIGNING OFFICER OR DIRECTOR

FILED