2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 28, 2005 08:00 AM DOCUMENT # P03000140005 **Secretary of State** 1. Entity Name BRADLEY LETELLIER TILE, INC. Mailing Address Principal Place of Business 5421 VEVEY TURN ORLANDO FL 32810 5421 VEVEY TURN ORLANDO FL 32810 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 33-1077284 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LETELLIER, BRADLEY 5421 VEVEY TURN Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32810 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 . Signature, typed of printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete 11112 TITLE Change Addition LETELLIER, BRADLEY NAME NAME STREET ADDRESS 5421 VEVEY TURN STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP ☐ Celete TITLE Change Addition TITLE NAME NAME U00000337753 STREET ADDRESS STREET ADDRESS 04/28/05-80006-024 150.00 CITY-\$1-21P CITY-ST-ZIP TITLE ☐ Delete ☐ Change Adisin-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Admin. NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE Delete TITLE Change □ Admi NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP 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 direction 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 1 changed, or on an attachment with an address, with all other like empowered.

BRODEY LETECURAPY

FILED