2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141190

Entity Name: SANTA ROSA TILE, INC.

FILED Feb 23, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

7942 B LANDMARK CIRCLE 10116 CHARLESTON CORNER

TAMPA, FL 33614 TAMPA, FL 33635 US

Current Mailing Address: New Mailing Address:

7942 B LANDMARK CIRCLE 10116 CHARLESTON CORNER TAMPA, FL 33614 TAMPA, FL 33635 US

FEI Number: 20-0435783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANTA ROSA, PETRE A

7942 B LANDMARK CIRCLE
TAMPA, FL 33614 US

SANTA ROSA, PATRICK G
10116 CHARLESTON CORNER
TAMPA, FL 33635 US

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.

SIGNATURE: PATRICK G SANTA ROSA 02/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

P () Delete Title: P (X) Change () Addition

Name:SANTA ROSA, PETRE AName:SANTA ROSA, PATRICK GAddress:7942 B LANDMARK CIRCLEAddress:10116 CHARLESTON CORNER

City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33635 US

Title: () Delete Title: VP () Change (X) Addition
Name: SANTA ROSA, PETRE G
Address: Address: 10116 CHARLESTON CORNER

City-St-Zip: City-St-Zip: TAMPA, FL 33635 US

Title: () Delete Title: S () Change (X) Addition

Name: Name: DELARME, DIEGO

Address: Address: 10116 CHARLESTON CORNER

City-St-Zip: City-St-Zip: TAMPA, FL 33635 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK G SANTA ROSA P 02/23/2007