
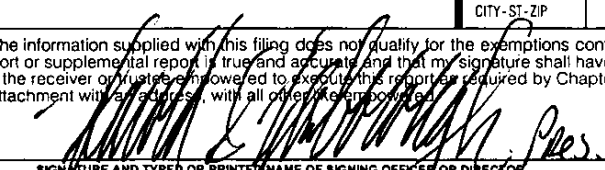


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90014 002 ***150.00

DOCUMENT # P03000146556 1. Entity Name D&B TILE OF PORT ST. LUCIE, INC.					
Principal Place of Business 14200 NW 4TH STREET SUNRISE, FL 33325			Mailing Address 14200 NW 4TH STREET SUNRISE, FL 33325		
2. Principal Place of Business - No P.O. Box # 321 NW PEACOCK BLVD.		3. Mailing Address Suite, Apt. #, etc.			
City & State PORT ST. LUCIE, FL		City & State		4. FEI Number 33-1080287	
Zip 34986		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YARBOROUGH, HAROLD G 14200 NW 4TH STREET SUNRISE, FL 33325				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YARBOROUGH, DAVID A		NAME		
STREET ADDRESS	14200 NW 4TH STREET		STREET ADDRESS		
CITY - ST - ZIP	SUNRISE, FL 33325		CITY - ST - ZIP		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YARBOROUGH, HAROLD G		NAME		
STREET ADDRESS	14200 NW 4TH STREET		STREET ADDRESS		
CITY - ST - ZIP	SUNRISE, FL 33325		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASQUALINO, MICHAEL F		NAME		
STREET ADDRESS	497 SW COPPERFIELD AVE		STREET ADDRESS		
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 information.					
SIGNATURE: 			Date 4/15/08 Daytime Phone # (954) 845-1110		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HAROLD G. YARBROUGH, President					