


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90028 017 ***150.00

DOCUMENT # P03000146681

1. Entity Name
THANG TRAN TILE, INC.



Principal Place of Business
**7822 SPRINGTIME LANE
 JACKSONVILLE, FL 32221**

Mailing Address
**7822 SPRINGTIME LANE
 JACKSONVILLE, FL 32221**

2. Principal Place of Business
12778 TROPIC DR. N

3. Mailing Address
 Suite, Apt. #, etc. **SAME**

City & State
JACKSONVILLE, FL

City & State
SAME

Zip
32225

Country
DUVAL

Zip
SAME

Country

40300034



01052006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0500665

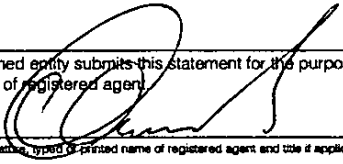
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TRAN, THANG
 7822 SPRINGTIME LANE
 JACKSONVILLE, FL 32221**

7. Name and Address of New Registered Agent
 Name **TRAN, THANG**
 Street Address (P.O. Box Number is Not Acceptable)
12778 TROPIC DR. N
 City **JACKSONVILLE FL** Zip Code **32225**

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  DATE **1-4-06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

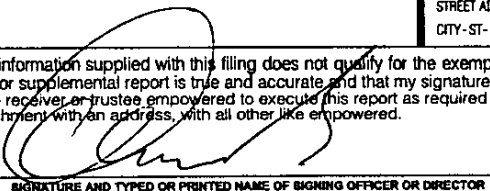
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TRAN, THANG 7822 SPRINGTIME LANE JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHAM, LOAN 7822 SPRINGTIME LANE JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	12778 TROPIC DR. N JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	12778 TROPIC DR. N JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1-4-06** (904) 704 1872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR