2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # P03000152998 06 JUN 22 PM 12: 33 FALLIN TILE & MARBLE, INC. SECKETANT OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 34362 RIDGE MANOR BLVD 34362 RIDGE MANOR BLVD DADE CITY, FL 33523 DADE CITY, FL 33523 3. Mailing Address 8075 COMW RC Suite, Apt. #, etc. Suite, Apt. #, etc. 03062006 CR2E034 (11/05) Cha-P 4. FEI Number Applied For APPLIED FOR Not Applicable Country ST \$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 FALLIN, STEPHEN L Number is Not Acceptable) 34362 RIDGE MANOR BLVD DADE CITY, FL 33523 City MEDSHE 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 (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTS Change TITLE ☐ Delete TITLE ☐ Addition FALLINI STEPNEN L 8075 cashew ed FALLIN, STEPHEN L NAME NAME STREET ADDRESS 34362 RIDGE MANOR BLVD STREET ADDRESS CITY-ST-ZIP WRIDGHTY, FL 33597 DADE CITY, FL 33523 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE Fallin, michael M. 34168 Eide manor Bird. Pade Uty FI 33523 NAME NAME STREET ADORESS STREET ADDRESS Pade Uty FI CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE Fallin Jasin L 8075 (a Shewld Weidster Fl 33597 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 700077087157 TITLE TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS 07/06/06 - 01046 - 015 **61.25CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachm K. Eckel JUN 2 7 2006 SIGNATURE: E OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #