2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2005 08:00 AM Secretary of State DOCUMENT # P03000157192 1. Entity Name BEAN CERAMIC TILE & REPAIR, INC. Mailing Address Principal Place of Business 6314 WOODHAVEN DRIVE **6314 WOODHAVEN DRIVE** LAKELAND, FL 33811 LAKELAND, FL 33811 CR2E034 (10/03) 04222005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0654618 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BEAN, TOM 6314 WOODHAVEN DRIVE LAKELAND, FL 33811 IN THIS SPACE 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution, ___ Added to Fees OFFICERS AND DIRECTORS 10. TITLE BEAN, TOM NAME STREET ADDRESS 6314 WOODHAVEN DRIVE U000000360189 CITY-ST-ZIP LAKELAND, FL 33811 05/05/05-80024-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 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: 5

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 /863.648.4296

FILED