2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000157801

Entity Name: AAA QUALITY TILE INSTALLATIONS, INC.

FILED Jan 07, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

568 CLOUDCROFT DR 2729 HAULOVER BLVD.
DELTONA, FL 32738 DELTONA, FL 32738

Current Mailing Address: New Mailing Address:

568 CLOUDCROFT DR 2729 HAULOVER BLVD.
DELTONA, FL 32738 DELTONA, FL 32738

FEI Number: 52-2447934 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:

REYNOLDSON, RUSSELL R
568 CLOUDCROFT DR
DELTONA, FL 32738 US
REYNOLDSON, RUSSELL R
2729 HAULOVER BLVD.
DELTONA, FL 32738 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: RUSSEL REYNELDSON 01/07/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

PD () Delete Title: PD (X) Change () Addition REYNOLDSON, RUSSELL R
568 CLOUDCROFT DR Address: 2729 HAULOVER BLVD.
DELTONA, FL 32738 City-St-Zip: DELTONA, FL 32738

Title: VD () Delete Title: () Change () Addition

 Name:
 TOMLINSON, ROSE
 Name:

 Address:
 2729 HAULOVER BLVD
 Address:

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:

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

 Name:
 PAGAN, GEORGETTE M
 Name:

 Address:
 2302 HADLEY ST.
 Address:

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUSSEL REYNELDSON PD 01/07/2005