


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90152 020 ***150.00

DOCUMENT # P0400000800
 1. Entity Name
 MCD TILE, INC.



Principal Place of Business
 475 MONTGOMERY PLACE
 ALTAMONTE SPRINGS FL 32714

Mailing Address
 475 MONTGOMERY PLACE
 ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business
 1255 BELLE AVE

3. Mailing Address
 1255 BELLE AVE

Suite, Apt. #, etc.
 109

1st MOORE CR2E034 (10/04)

City & State
 WINTER SPRINGS, FL

City & State
 WINTER SPRINGS, FL

Zip
 32708

Country
 USA

4. FEI Number
 200487200

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

7. Name and Address of New Registered Agent
 Name Robert Sanders CPA
 Street Address (P.O. Box Number is Not Acceptable)
 680 WEST STATE RD 434
 City Winter Springs FL Zip Code 32708

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 Robert Sanders DATE 4-13-05
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCDANIEL, SHAWN W 475 MONTGOMERY PLACE ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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: Shawn McDaniel SHAWN MCDANIEL 13 APR 2005 407-340-9471
Signature and typed or printed name of signing officer or director Date Daytime Phone #