2006 FOR PROFIT CORPORATION

ANNUAL REPORT Apr 20, 2006 08:00 AN **DOCUMENT # P04000005700 Secretary of State** 1. Entity Name S C MARBLE & TILE, INC. Principal Place of Business Mailing Address 900 COLONIAL AVENUE SE 900 COLONIAL AVENUE SE PALM BAY, FL 32909 PALM BAY, FL 32909 04172006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0560384 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARK W. BOWMAN, CPA 700 NORTH WICKHAM ROAD SUITE 103 IN THIS SPACE MELBOURNE, FL 32935 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 reinstalling) Signature, typed or printed name of registered agent and little if applicable U00000521364 05/02/06-80132-019 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME CRISTEA, SILVIU 900 COLONIAL AVENUE SE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 THILE STREET ADDRESS City-St-2/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BITIT MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZiP TITLE STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions configured 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. OG SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CITY-ST-ZIP

SIGNATURE AND TYP