


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90297 035 ***150.00

DOCUMENT # P04000012068 1. Entity Name HAWK TILE, INC.					
Principal Place of Business 1621 BELL SHOALS ROAD BRANDON, FL 33511			Mailing Address 1621 BELL SHOALS ROAD BRANDON, FL 33511		
2. Principal Place of Business 732 Caliente DR Brandon FL		3. Mailing Address PO BOX 2426 Brandon FL			
Suite, Apt. #, etc. Brandon FL		Suite, Apt. #, etc. Brandon FL			
City & State 33511 Hillsborough		City & State 33509 Hillsborough			
4. FEI Number 03282005			Chg-P CR2E034 (10/03)		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent GIFFORD, DAVID 1621 BELL SHOALS ROAD BRANDON, FL 33511		
7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HAWK, TONY R 1621 BELL SHOALS ROAD BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP D TYNO, TENAMARIE 1621 BELL SHOALS ROAD BRANDON, FL 33511		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
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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: Tenamarie Tyno SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/11/05 DAY		813-629-1632 Daytime Phone #	