

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 09, 2006  
Secretary of State**

DOCUMENT# P04000014811

Entity Name: GLASS TILE DESIGN, INC.

**Current Principal Place of Business:**

9910 LAKETREE COURT  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

9910 LAKETREE COURT  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 20-0652488      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SNEW, SHARON  
9910 LAKETREE COURT  
FORT MYERS, FL 33912      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            DUDDY, KATHLEEN V.PRES  
Address:        20881 ANDIRON PLACE  
City-St-Zip:    ESTERO, FL 33928

Title:            D            ( ) Delete  
Name:            SNEW, SHARON PRES  
Address:        9910 LAKETREE COURT  
City-St-Zip:    FORT MYERS, FL 33912

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            (X) Change ( ) Addition  
Name:            DUDDY, KATHLEEN TRES  
Address:        20881 ANDIRON PLACE  
City-St-Zip:    ESTERO, FL 33928

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            D            ( ) Change (X) Addition  
Name:            DUDDY, PAUL A VPRES  
Address:        20881 ANDIRON PLACE  
City-St-Zip:    ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KATHLEEN DUDDY

TRES

05/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date