2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2006 08:00 AM Secretary of State

DOCUMENT # P0400025621 1. Entity Name ANDREW TILE, INC.	Secretary of State
Principal Place of Business 4899 HAVERHILL ROAD LAKE WORTH, FL 33463 Mailing Address 4899 HAVERHILL ROAD LAKE WORTH, FL 33463	
DO NOT WRITE IN THIS SPA	01132006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LATERZA, CHRISTOPHER A 4899 HAVERHILL ROAD LAKE WORTH, FL 33463	DO NOT WRITE IN THIS SPACE
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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the file-pitication (NOTE: Registered Agent signature required when constating) OATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 8. Election Campaign Finant Trust Fund Contribution.	
TITLE PVPS NAME LATERZA, CHRISTOPHER STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33466 TITLE TO NAME LATERZA, CHRISTOPHER STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33466 CITY-ST-ZIP LAKE WORTH, FL 33466	U00000411585 02/10/05-80013-802 150.80
HITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREE ADDRESS CITY-ST-IP TITLE	
NAME STREET ADDRESS GITY-ST-ZM	emotions contained in Chanter 119 Florida Statutes 1 further certify that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 of 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR. Date Object 1997.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	TOR Date Oaythre Phone (