2005 FOR PROFIT CORPORATION ANNUAL REPORT

01-31-2005 90060 032 ***150.00 **DOCUMENT # P04000031608** 1. Entity Name TERESA'S TILE DESIGN, INC. Principal Place of Business Mailing Address 66007007 4391 IXORA CIRCLE 4391 IXORA CIRCLE LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01272005 4. FEI Number 87-0720823 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .:Nama YOUNGBLOOD, TERESA L 4391 IXORA CIRCLE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33461 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 SIGNATURE Signature, typical or printed resma of registered agent and title if applicable. (NOTE: Registered Agent signature reguled when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ! ... PD · - 🛄 Døløse TILE Change YOUNGBLOOD, TERESA L NAME STREET ADDRESS 4391 IXORA CIRCLE STREET ADDRESS LAKE WORTH, FL 33461 CITY-51-2:P CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Defete TITLE ☐ Change ☐ Addition HARM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ___Change__ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P TITLE TIBE ☐ Delete Change Addition MALLE HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 jil other like empowered. SIGNATURE:

FILED

Secretary of State

Mar 23, 2005 8:00 am