04/03/2006 07:46 4076473612 CPAS

APR-2-2006 17:27 FROM:JULES ENTERPRISE 4079359038

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Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90086 027 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000054298

1. Entity Name
JULES HELLIGAR TILE, INC.

Principal Place of Business
2454 WINFIELD DR.
KISSIMMEE, FL 34743

Mailing Address
2454 WINFIELD DR.
KISSIMMEE, FL 34743

2. Principal Place of Business
Suite, Apt #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

03302006 Chg-P CR2E034 (11/05)

4. FEI Number: 80-0110022 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NASH, EDWARD T JR
7 W DARLINGTON AVE
KISSIMMEE, FL 34742

7. Name and Address of New Registered Agent
Name: Zachary A. Clark
Street Address (P.O. Box Number is Not Acceptable): 2699 Lee Road
Suite 430
City: Winter Park FL Zip Code: 32789

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: Z. A. Clark CPA 4/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T HELLIGAR, JULES A SR 2454 WINFIELD DR KISSIMMEE, FL 34743	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S HELLIGAR, JULES A JR 519 BASIL COURT KISSIMMEE, FL 34759	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: Jules Helligar 03/31/06 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #