2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 16, 2006 8:00 am Secretary of State **DOCUMENT # P04000064194** 05-16-2006 90023 037 ***150.00 MICHAEL ANGELO'S TILE INC Principal Place of Business Mailing Address 230 GODFREY RD. 230 GODFREY RD. PALM BAY, FL 32909--881 PALM BAY, FL 32909--881 2. Principal Place of Business 3. Mailing Address MICHAEL GLICK MICHAE GLICK Suite, Apt. #, etc. Suite, Apt. #, etc. 05102006 CR2E034 (11/05) 7909 7909 E Applied For 4. FEI Number City & State City & State 32-0120421 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL GLICK % MARILYN ESPOSITO Street Address (P.O. Box Number is Not Acceptable) 755 PALM DRIVE GLICK, MICHAEL S 230 GODFREY RD PALM BAY, FL FL 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 e, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE GLICK, MICHAEL \$ NAME GLICK, MICHAEL S NAMÉ 7909 E 99 TELR KANSAS CITY MO STREET ADDRESS 230 GODFREY RD. STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 CITY-ST-ZIP TITLE ☐ Delete TITLE Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Detete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT 40092638

MICHAEL ANGELO'S TILE, INC 7909 E. 99 TERRACE KANSAS CITY, MO 64134 Phone: 913-927-5779

May 10, 2006

Division of Corporations P. O. Box 1500

Tallahassee, FL 32302-1500

Document #P04000064194

Gentlemen:

This letter is being sent to request a waiver of the late filing penalty. The corporation did not receive notice advising that the Annual Report was due.

Enclosed is the signed annual report along with the regular fee of \$150. Your consideration of the waiver is greatly appreciated.

Sincerely,

Michael S. Glick, President

Enclosures