2008 FOR PROFIT CORPORATION

Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P04000064872. ABY TILE CORPORATION ... Principal Place of Business Mailing Address 2531 WEST WILDER AVENUE 2531 WEST WILDER AVENUE TAMPA, FL 33614 TAMPA, FL 33614 No Chg-P CR2E034 (11/05) 04252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1224282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, ABEL DO NOT WRITE 2531 WEST WILDER AVENUE TAMPA, FL 33614 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME GARCIA, ABEL 2531 WEST WILDER AVENUE STREET ADDRESS TAMPA, FL 33614 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE' NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-08 8/3-766-8/90
Date Dayline Prone *

FILED