2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# P04000070090

Entity Name: APS TILE SERVICES, CORP.

Current Principal Place of Business:

5540 NW EAST TORINO PKWY, SUITE 208
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

4507 SEBRING AVE
SEBRING, FL 33872 US

Current Mailing Address:

5540 NW EAST TORINO PKWY, SUITE 208
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

4507 SEBRING AVE
SEBRING, FL 33872 US

FEI Number: 20-1070078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUZA, ANDRE
5540 NW EAST TORINO PKWY, SUITE 208
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

SOUZA, ANDRE
4507 SEBRING AVE
SEBRING, FL 33872 US

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.

SIGNATURE: ANDRE SOUZA 04/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SOUZA, ANDRE
Address: 5540 NW EAST TORINO PKWY, SUITE 208
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: D ( ) Delete
Name: TEIXEIRA, SERGIO D
Address: 3040 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870 US

Title: D ( ) Delete
Name: CRUZ, ANTONIO P
Address: 3040 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SOUZA, ANDRE
Address: 4507 SEBRING AVE
City-St-Zip: SEBRING, FL 33872 US

Title: D (X) Change ( ) Addition
Name: TEIXEIRA, SERGIO D
Address: 4507 SEBRING AVE
City-St-Zip: SEBRING, FL 33872 US

Title: D (X) Change ( ) Addition
Name: SILVA, DEVAIR N
Address: 4507 SEBRING AVE
City-St-Zip: SEBRING, FL 33872 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRE SOUZA PD 04/17/2007
Electronic Signature of Signing Officer or Director Date