2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# P04000070691

Entity Name: BTW TILE INC

Current Principal Place of Business:

4650 SUGARTOWN ST.
PT. ST.JOHN, FL 32927

New Principal Place of Business:

Current Mailing Address:

4650 SUGARTOWN ST.
PT. ST.JOHN, FL 32927

New Mailing Address:

FEI Number: 20-1123552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEAD, CHARLES B
4650 SUGARTOWN ST.
PT. ST. JOHN, FL 32927 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: MEAD, CHARLES B
Address: 4650 SUGARTOWN ST.
City-St-Zip: PT. ST. JOHN, FL 32927

Title: S ( ) Delete
Name: RITTER, JAMES E
Address: 6991 CHESTNUT DR.
City-St-Zip: COCOA, FL 32927 US

Title: S ( ) Delete
Name: THOMPSON, JAMES
Address: 2036 MOBIAND DR.
City-St-Zip: MELBOURNE, FL 32935 US

Title: S ( ) Delete
Name: BIJANZADEH, BARBARA J
Address: 4650 SUGARTOWN ST.
City-St-Zip: PT. ST. JOHN, FL 32927 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: THOMAS, ROBERT M
Address: 716 FAIRWAY DR.
City-St-Zip: MELBOURNE, FL 32940 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES B. MEAD DPT 07/03/2006

Electronic Signature of Signing Officer or Director — Date