2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095274

Entity Name: G WILLIAMS TILE & MARRIE INC.

259 SW PORT ST LUCIE BLVD

TAMPA, FL 32984 US

Address:

City-St-Zip:

FILED Mar 24, 2008 Secretary of State

| y | | ANO TIEE & MARKEDEE, IIVO. | | | |
|--|------------------------------|--|--|--|--|
| Current P | rincipal Place | e of Business: | New Principal Place | New Principal Place of Business: | |
| | ORT ST LUCII LUCIE, FL 34 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 259 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 32984 | | | 259 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 | | |
| FEI Number | : 20-1265558 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| PORT ST | ÖRT ST LUCII LUCIE, FL 34 | 984 US | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | WILLIAMS, GL 259 SW PORT |) Delete EN ST LUCIE BLVD IE, FL 32984 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | BECERRA, AD | OOK CREEK CIR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | TRE (WILLIAMS, GL |) Delete EN E | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: GLEN WILLIAMS P 03/24/2008