2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 20, 2006 08:00 AM Secretary of State DOCUMENT # P04000100295 1. Entity Name PHIL'S TILE, INC. Principal Place of Business Mailing Address 2839 NORTHWOOD CIR 2839 NORTHWOOD CIR SARASOTA, FL 34234 SARASOTA, FL 34234 04172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0186578 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDSMITH, STANLEY A DO NOT WRITE 1605 MAIN STREET SUITE 1001 SARASOTA, FL 34236 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. (NOTE: Registered Agent signature required when reinstating): Signature, typed or minted name of mustimed agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SEGARS, PHILLIP E STREET ADDRESS 2839 NORTHWOOD CIRCLE CITY-ST-ZIP SARASOTA, FL 34234 TITLE U00000521167 05/02/06-80126-005 150.00 NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 1111 F NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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. INTED NAME OF SIGNING OFFICER OR DIRECTOR