


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000148781		
1. Entity Name SUPERIOR MARBLE AND TILE, INC.		

FILED  
05 JUN 20 AM 8:58

TALLAHASSEE, FLORIDA



Principal Place of Business 1756 SO CLYDE MORRIS BLVD. BLDG. 10, APT. 1012 DAYTONA BEACH, FL 32119		Mailing Address 1756 SO CLYDE MORRIS BLVD. BLDG. 10, APT. 1012 DAYTONA BEACH, FL 32119	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06172005 Chg-P CR2E034 (10/03)

4. FEI Number 20-2044492		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUCZKO, BETHANY A 1756 SO CLYDE MORRIS BLVD. BLDG. 10, APT. 1012 DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Amended AR Is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCZKO, BETHANY A 1756 S. CLYDE MORRIS BL., BLD 10, APT 1012 DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Buczko, Bethany A. 1756 S. Clyde Morris Blvd., Apt. 1012 Port Orange, FL 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, DAVID 3 UPSALA PLACE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gomez, David E 3 Upsala Place Palm Coast, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODREAU, BRETT 1756 S. CLYDE MORRIS BLVD., APT. 1012 DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Goodreau, Brett 1756 S. Clyde Morris Blvd., Apt. 1012 Daytona Beach, FL 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700056520067 06/24/05--01059--001 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bethany A. Buczko Bethany A. Buczko, President 6/17/05 (806) 756-6317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #