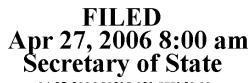
2006 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P04000166840 1. Entity Name CHAD'S TILE OF BREVARD, INC.						04-27-2006	_	21 ***150	.00
Principal Place	of Business	Mailing Address	Mailing Address			- ~ ~ • 9	T.		
Principal Place of Business 973 CROCUS ST NE PALM BAY, FL 32907		973 CROCUS ST NE PALM BAY, FL 32907		•					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142006	Chg-P	CR2E	034 (11/05)	
City & State		City & State			4. FEI Numbe	1238	014	_ `	plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Reg		t Registered Agent	gistered Agent		7. Name and	Address of New	Registered	Agent	
AND CO. ALLEN				Name					
MILLER, ALLEN 2087-A SARNO RD				Street Address (P.O. Box Number is Not Acceptable)					
MELBOUR	NE, FL 32935	g -							
		3.14				· · · · · · · · · · · · · · · · · · ·			
				City			FL	Zip Code	€
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
ļ <u>.</u>	Signature, typed or printed name or registered ager	arand the happacade, (NOTE	c: negistere	a Agent signature r	equired when remistativity)		UATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS				ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11
TITLE	D Delete		TITLE	1				☐ Change	Addition
NAME STREET ADDRESS	FALCONE, CHAD 973 CROCUS ST NE		NAM	ET ADDRESS					
CITY-ST-ZIP	PALM BAY, FL 32907			-ST-ZIP					
TITLE	D Delete		TITLI	E			·	☐ Change	Addition
NAME	FALCONE, SARAH		NAM	E					
STREET ADDRESS	973 CROCUS ST NE			ET ADDRESS					
CITY-ST-ZIP	PALM BAY, FL 32907	<u></u>		-ST-ZIP					- Addition
TITLE NAME	D BURKE, GREGORY	☐ Defete	TITLI	I				☐ Change	☐ Addition
STREET ADDRESS	601 ALMANSA ST NE		STRE	ET ADDRESS					
CITY-ST-ZIP	PALM BAY, FL 32907		CITY	-ST-ZIP					
TITLE		☐ Delete	TITL					☐ Change	Addition
NAME			NAM	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
TITLE	1	☐ Delete	TITL	E				Change	☐ Addition
NAME			NAM	IE					
STREET ADDRESS			4	EET ADDRESS					
CITY-ST-ZIP			-	- ST-ZIP					
TITLE		☐ Delete	TITLI	I .				☐ Change	Addition
NAME STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
12. I hereby	certify that the information supplied w	ith this filing does not qualify for	or the ex	emptions con	tained in Chapter 11:	9, Florida Statutes.	I further ce	ertify that the in	nformation

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.