FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90104 004 ***158.75

DOCUMENT # P04000171134

1. Entity Name
CORNERSTONE TILE INC.

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2. Principal Place of Business	3. Mailing Address
731-OLD MISSION RD.	← Same
Suite, Apt. #, etc.: New Smyrna Bch.	Suite, Apt. #, etc.: ← Same
City & State: FLORDIA	City & State: ← Same
Zip: 32168 / Country: Volusia	Zip: ← Same / Country: Same

4. FEI Number: 593411699 — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Alvin E. CHICK
Street Address (P.O. Box Number is Not Acceptable): 731-OLD MISSION RD.
City: New Smyrna Bch FL Zip Code: 32168

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: Alvin Eugene Chick
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CORNERSTONE TILE & MARBLE	TITLE	
NAME	EUGENE CHICK	NAME	
STREET ADDRESS	731-OLD MISSION RD	STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Bch FL. 32168	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alvin E Chick — April 17/06 — 1-386-423-1371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #