## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

## FILED Apr 30, 2007 8:00 am Secretary of State

Change

Addition

DOCUMENT # P05000003453   1. Entity Name   T8 K TILE AND CONSTRUCTION INC.						_			•		
6330 SZND STREET NORTH PINELIAS PARK, FL 33781  2. Principal Place of Business - No P.O. Box # 3. Mealing Address  Suite, Apil. #, etc.   03222007   ChgP   CR2E034 (12/06)  City & State   City & State   4. FEI Number   Applied For   Toc. 776-07764.34   Toc. 76-07764.34   Toc.	1. Entity Name						04-	30-2007 !	90434 0	14 ***1	50.00
6330 SZND STREET NORTH PINELIAS PARK, FL 33781  2. Principal Place of Business - No P.O. Box # 3. Majling Address  Suite, Apt. #, etc.   03222007   ChgP   CR2E034 (12/06)  City & State   City & State   4. FEI Number   Applies For   Tox Applies	Principal Place	e of Business	Mailing Address		<u> </u>		<b></b>	_			
PINELLAS PARK, FL 33781  2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	i i						40090313				
2. Principal Place of Business - No P.O. Box #						40	00002	•			
Suite, Apl. #, etc.  City & State  City & State  4. FEI Number	TINCCLASTA	AN, IL 33701	FINELLAS FARR, LE 3	3/01							
Suite, Apl. #, etc.  City & State  City & State  4. FEI Number							OL THE BOUTH ONE O	<b>i</b> il etil erk e	11H <b>11</b> H 11H	<b>BIOSI OMBO</b> 111	IEBI KI (411
Suite, Apl. #, etc.  City & State  City & State  4. FEI Number	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			[ <b>[ ] [ ]</b>					
City & State  Country  City  Country  City						1188/11	91 III 88/81 8IIII 8	#     # <b>#</b>     <b>  </b>	ATIT M BINNE ITTE		1981 11 1891
City & State  City & State  Country  Co	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			NT 01-	_	000000	4 (40100)	
Zip Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional rees Required   \$							or Cng	-17	CRZEUS	4 (12/00)	
Country   Zip   Country   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   S. Certificate of Status Desired   \$8.75 Additional Fee Required   S. Certificate of Status Desired   \$8.75 Additional Fee Required   S. Certificate of Status Desired   \$8.75 Additional Fee Required   S. Certificate of Status Desired   \$8.75 Additional Fee Required   S. Certificate of Status Desired   S. Certificate of Status Des	City & State	в	City & State	City & State			mber			Ap	plied For
S. Certificate of Siasus Desired   Fee Required   F											
File Now II FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  THE PIRSZTUK, TOMASZ  PILE NOWIL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  THE PIRSZTUK, TOMASZ  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOWIL: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  THE PIRSZTUK, TOMASZ  SIRRET ADDRESS  FOR Address (P.O. Box Number is Not Acceptable)    City	Zip	Country	Zip	Cour	ntry	r 0		D:	\$	8.75 Add	itional
PIRSZTUK, TOMASZ 6930 52ND STREET NORTH PINELLAS PARK, FL 33781  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    City   FL   Zip Code						5. Centile	ate of Status	Desired	⊔ ř.	ee Required	1
PIRSZTUK, TOMASZ 6930 52ND STREET NORTH PINELLAS PARK, FL 33781  8. The above named entity submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Rorida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signatur, triped or printed name of registered agent and while / lacolicable. (MOTE Registered Agent sequence vergues when remataing)   Part	6. Name and Address of Current Registered Agent					7. Name	and Address	of New Reg	Istered Aç	jent	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					Name						]
PINELLAS PARK, FL 33781  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Squature, hoed or private name of registered agent and bit if applicable.   (RIOTE: Registered Agent signature required when remistainty)   DATE    Part   DATE   DA											
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plovida. I arn familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signat						aress (P.O. Box Ni	mber is Not A	(cceptable)			ļ
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, hyead or printed name of registered agent and hale illapolicable. (MOTE: Registered Agent signature required when remutating)   DATE	PINELLAS PARK, FL 33781										
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, hyead or printed name of registered agent and hale illapolicable. (MOTE: Registered Agent signature required when remutating)   DATE											
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, hood or puried name of registered agent and trile if accelerable. (MOTE: Registered Agent signature required when remotaling)  PILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  PIRSZTUK, TOMASZ 6930 SZND STREET NORTH  CITY-SI-2IP  PINELLAS PARK, FL 33781  TITLE  VP  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAME  SIREET ADDRESS  SIRE									FI	Zip Code	9
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.	the obligations of registered agent.										
After May 1, 2007 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees	]	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	ed Agent signature	e required when reinstatin	1)		DATE		
TITLE   P   Delate							3				
NAME PIRSZTUK, TOMASZ STREET ADDRESS CITY-SI-ZIP PINELLAS PARK, FL 33781 CITY-SI-ZIP  TITLE VP PIRSZTUK, KATARZYNA STREET ADDRESS CITY-SI-ZIP PINELLAS PARK, FL 33781 CITY-SI-ZIP  TITLE NAME PIRSZTUK, KATARZYNA STREET ADDRESS CITY-SI-ZIP PINELLAS PARK, FL 33781 CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP CADDRESS CITY-SI-ZIP	10.	OFFICERS AND	DIRECTORS	11.		ADDITIO	NS/CHANGE	S TO OFFIC	ERS AND [	DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-SI-ZIP  TITLE VP PIRSZTUK, KATARZYNA BYREST ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE	Р	☐ Delete	TITE	£					Change	☐ Addition
CITY-SI-ZIP PINELLAS PARK, FL 33781 CITY-SI-ZIP  TITLE VP	NAME				ΛE					_ ,	_
TITLE VP   Delete   TITLE   Delete   Delete   TITLE   Delete   Del	STREET ADDRESS	SS 6930 52ND STREET NORTH		STR	EET ADDRESS						
NAME STREET ADDRESS G930 52ND STREET NORTH STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TIT	CITY-SI-ZIP	PINELLAS PARK, FL 33781		CIT	r-S1-ZIP						
NAME STREET ADDRESS CHY-ST-ZIP TITLE THE THE THE THE THE THE THE THE THE TH	TITLE	VP	☐ Delete	TITE	£					Change	Addition
CITY-ST-ZIP PINELLAS PARK, FL 33781  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE (CITY-ST-ZIP)  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  TIT		PIRSZTUK, KATARZYNA									
TITLE	STREET ADDRESS	6930 52ND STREET NORTH		STR	EET ADDRESS						1
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE TITLE Change Addition Addition TITLE TITL	CITY-ST-ZIP		PINELLAS PARK, FL 33781		Y-ST-ZIP						1
NAME   STREET ADDRESS	TITLE	<u> </u>	√ Dolota	rm	E .					Channe	- Addition
STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP		1	U Delete							Oranigo	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         Delete         TITLE         Change         Addition					- 1						ĺ
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY- S1-ZIP         CITY- S1-ZIP           TITLE         Delete         TITLE											
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY- S1-ZIP         CITY- S1-ZIP           TITLE         Delete         TITLE	TITLE		□ Dalota	тт	£					Change	Addition
STREET ADDRESS         STREET ADDRESS           CITY- S1-ZIP         CITY- S1-ZIP           TITLE         Delete         TITLE			C1 Delete							Change	L Addition
CITY-S1-ZIP         CITY-S1-ZIP           TITLE         Delete         TITLE         Change         Addition		1									1
TITLE Delete TITLE Change Addition											
	ļ										
	TITLE NAME	1	☐ Delete		II.					Unange	Addition

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 autochment with an address with all other life empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TIFLE

NAME STREET ADDRESS

Delete

SIGNATURE: DIMES WASHED TO MASS-PIRSZTUK 03-22-01 \721)716-