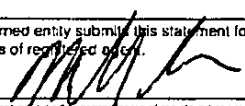
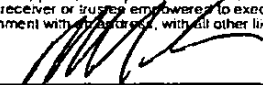


2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/27/2006-90036-003-\$150.00-\$150.00

FILED
06 JUL 12 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000044777			
1. Entity Name KYLEES TILING, INC.			
Principal Place of Business 11815 ALDEN RD. JACKSONVILLE, FL 32246-9569		Mailing Address 11815 ALDEN RD. JACKSONVILLE, FL 32246-9569	
2. Principal Place of Business 1905 Winkler Ave Suite, Apt. #, etc. 1		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Fort Myers		City & State	
Zip 33901	Country USA	Zip	Country
4. FEI Number 02-0741424		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, MICHAEL J JR. 11815 ALDEN RD. JACKSONVILLE, FL 32246-9569		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1905 Winkler Ave #1 City Fort Myers FL Zip Code 33901	
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 		DATE 06/13/06	
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)			
Never Received Notice 150.00 FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MICHAEL J JR. 11815 ALDEN RD. JACKSONVILLE, FL 32246-9569	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 my address, with all other like empowered.			
SIGNATURE: 		DATE 06/13/06 (239) 989-2523	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	