

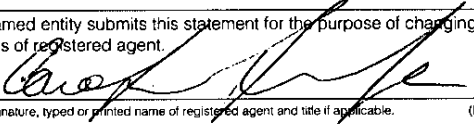
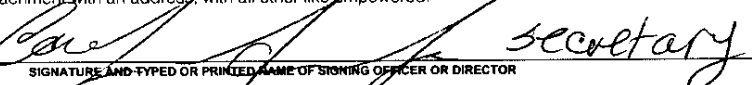


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90080 036 ***150.00

DOCUMENT # P05000051359 1. Entity Name SUPER TILE SHOWROOM & INSTALLATION CORP.					
Principal Place of Business 5889 S. WILLIAMSON BLVD. STE. 1428 PORT ORANGE, FL 32128			Mailing Address 5889 S. WILLIAMSON BLVD. STE. 1428 PORT ORANGE, FL 32128		
2. Principal Place of Business 1739 Spottswode Ct. Suite, Apt. #, etc. Port Orange City & State Port Orange Zip 32128 Country U.S.A.		3. Mailing Address 1739 Spottswode Ct. Suite, Apt. #, etc. Port Orange City & State FL Zip 32128 Country U.S.A.			
4. FEI Number 20-2658715				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DAYTONA SOLUTIONS! INC. 524 S. SEGRAVE ST. DAYTONA BEACH, FL 32114	
7. Name and Address of New Registered Agent Name Carolina Aranda Street Address (P.O. Box Number is Not Acceptable) 1739 Spottswode Ct Port Orange City FL Zip Code 32128				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 04/29/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S ARANDA, CAROLINA 1739 SPOTTSWOODE CT. PORT ORANGE, FL 32129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARANDA, WILFREDO 1739 SPOTTSWOODE CT. PORT ORANGE, FL 32129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACUNA, GLADYS 1739 SPOTTSWOODE CT. PORT ORANGE, FL 32129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 an address with all other like empowered.					
SIGNATURE:  secretary 04/30/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					