

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000058395

1. Entity Name

ONTIME TILES INSTALLATION, INC



Principal Place of Business

**1718 MAHOGANY DR.
ORLANDO
ORLANDO, FL 32825**

Mailing Address

**1718 MAHOGANY DR.
ORLANDO, FL 32825**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number

43-2080437

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NGUYEN, TRINH V
1718 MAHOGANY DR
ORLANDO, FL 32825**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME NGUYEN, TRINH
STREET ADDRESS 1718 MAHOGANY DR
CITY-ST-ZIP ORLANDO, FL 32825**

**TITLE V
NAME NGUYEN, TUONG
STREET ADDRESS 9122 DUPONT PLACE
CITY-ST-ZIP WILLINGTON, FL 33414**

**TITLE D
NAME DUNG, LE
STREET ADDRESS 1718 MAHAGANY DR.
CITY-ST-ZIP ORLANDO, FL 32825**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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 F changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TRINH NGUYEN

4/25/07

Date

Daytime F