2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060472

Entity Name: TILE PLUS FLOORING, INC

17636 WASHINGTON ST

WINTER GARDEN, FL 34787

Address: City-St-Zip: FILED May 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1900 ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 1900 ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 FEI Number: 20-2735575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIONNE, JOYCI E 1900 ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DIONNE, JOYCI E Name: Name: 1736 WASHINGTON ST Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition DOS REIS, RONIVALDO C Name: EGGERT, GILBERTO Name: 1736 WASHINGTON ST 1736 WASHINGTON ST Address: Address: WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip: Title: Title: D () Delete () Change () Addition PERES, ADIR Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOYCI E DIONNE PD 05/19/2009