2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065161

Entity Name: TILE BY RATZ INC.

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3221 DOCTORS LAKE DRIVE ORANGE PARK, FL 32073 **Current Mailing Address: New Mailing Address:** 3221 DOCTORS LAKE DRIVE ORANGE PARK, FL 32073 US FEI Number: 20-2789199 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: LOCKE, ELIZABETH A 775 ENNIS DRIVE ORANGE PARK, FL 32073 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RATZLAFF, SCOTT A Name: Name: 3221 DOCTORS LAKE DRIVE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 US City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition PHENNEGER, DWAYNE RATZLAFF, SCOTT A Name: Name: 6093 MAGGIE CIRCLE #13 3221 DOCTORS LAKE DRIVE Address: Address: ORANGE PARK, FL 32073 US City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: Title: (X) Delete Title: () Change () Addition PHENNEGER, JUSTIN Name: Name: 6093 MAGGIE CIRCLE #13 Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition RATZLAFF, SCOTT A Name: Name: Address: 3221 DOCTORS LAKE Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

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.

SIGNATURE: /SCOTT A. RATZLAFF/ P 03/26/2008