


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90290 049 ***150.00

DOCUMENT # P05000092445

1. Entity Name
THOMAS TILE & MORE, INC.



Principal Place of Business
**9001 FLORIDA BOYS RANCH ROAD
 CLERMONT, FL 34711 US**

Mailing Address
**9001 FLORIDA BOYS RANCH ROAD
 CLERMONT, FL 34711 US**

2. Principal Place of Business
17649 WASHINGTON DR
 Suite, Apt. #, etc.


3. Mailing Address
17649 WASHINGTON DR
 Suite, Apt. #, etc.

City & State
WINTER GARDEN FL

City & State
WINTER GARDEN FL

Zip
34787 Country
USA

Zip
34787 Country
USA



04232006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3084238 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ZANG, THOMAS
 9001 FLORIDA BOYS RANCH ROAD
 CLERMONT, FL 34711**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
**17649 WASHINGTON DR
 WINTER GARDEN FL 34787**
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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	P ZANG, THOMAS 9001 FLORIDA BOYS RANCH ROAD CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17649 WASHINGTON DR. WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZANG, DIANA N 9001 FLORIDA BOYS RANCH ROAD CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17649 WASHINGTON DR WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:  **DIANA ZANG** Date **4-28-06** Daytime Phone # **407-656-2540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR