

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097695

FILED
May 19, 2006
Secretary of State

Entity Name: MB TILE INSTALLATION, INC.

Current Principal Place of Business:

3424-D CHESHIRE LANE
SARASOTA, FL 34237

New Principal Place of Business:

5672 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34231

Current Mailing Address:

3424-D CHESHIRE LANE
SARASOTA, FL 34237

New Mailing Address:

5672 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34231

FEI Number: 20-3144463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E. SAMPLE RD.
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DA SILVA, OSVALDO P
Address: 3424-D CHESHIRE LANE
City-St-Zip: SARASOTA, FL 34237

Title: TD () Delete
Name: DE SOUZA, ELIENE N
Address: 3424-D CHESHIRE LANE
City-St-Zip: SARASOTA, FL 34237

Title: SD () Delete
Name: DOS SANTOS, CELSO J
Address: 3424-D CHESHIRE LANE
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DA SILVA, OSVALDO P
Address: 5672 LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34231

Title: TD (X) Change () Addition
Name: DE SOUZA, ELIENE N
Address: 5672 LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34231

Title: SD (X) Change () Addition
Name: DA COSTA, WENDEL L
Address: 5672 LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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: OSVALDO P DA SILVA

P

05/19/2006

Electronic Signature of Signing Officer or Director

Date