2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed or on an attachment with

SIGNATURE:

<u>Imusa</u>

RE AND TYPED OR PRINTED NAME OF

Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90248 043 ***150.00 **DOCUMENT # P05000104187** 1. Entity Name REVOLUTION, TILE INC. 60002708 Principal Place of Business Mailing Address 2601 RACCOON RUN 2601 RACCOON RUN ORLANDO, FL 32837 ORLANDO, FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 CR2E034 (11/05) 4. FEI Numbe City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE SA YUNGERI DE SA FUNGERI, DANUSA 2540 RUNYON CIRCLE ORLANDO, FL 32837 PYPLANDO F) 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. azwara SIGNATURE ...X d or printed name of registered agent and little if (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition. ☐ Change DE SA FUNGERI, DANUSA NAME NAME 2601 RACCOON RUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VAZ LEAL, MATEŰS NAME STREET ADDRESS 2601 RACCOON RUN STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAFLA, ADAILTON F NAME NAME STREET ADDRESS 2601 RACCOON RUN STREET ADDRESS CiTY-ST-7IP ORLANDO, FL 32837 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME LUIZ DE OLIVEIRA, EDUARDO NAME STREET ADDRESS 2601 RACCOON RUN STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 expert as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED