2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000108953 FILED 1. Entity Name TOP NOTCH TILE OF TALLAHASSEE, INC. 2008 HAY - 1 AM 9: 59 SECHLINELY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA **3718 GLIN CIRCLE** 3718 GLIN CIRCLE TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 04302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1145516 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BLOMELEY, LANCE** DO NOT WRITE 3718 GLIN CIRCLE TALLAHASSEE, FL 32309 IN THIS SPACE 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **BLOMELEY, LANCE** NAME 3718 GLIN CIRCLE STREET ADDRESS 600129228726 05/14/08--01003--014 **150.00 CITY-ST-ZIP TALLAHASSEE, FL 32309 MILE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALÆ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

INTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

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