

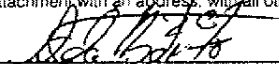


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000111913			
1. Entity Name DESIGNER TILE & MARBLE REPAIR INC.			
Principal Place of Business 5585 LA COSTA DRIVE ORLANDO, FL 32807	Mailing Address 5585 LA COSTA DRIVE ORLANDO, FL 32807		
DO NOT WRITE IN THIS SPACE			
		 01062007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 41-2123897	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, ADALBERTO L 5585 LA COSTA DRIVE ORLANDO, FL 32807			DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000607855 01/31/07-80054-003 150.00
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE
TITLE	PD		
NAME	RUIZ, ADALBERTO L		
STREET ADDRESS	5585 LA COSTA DRIVE		
CITY - ST - ZIP	ORLANDO, FL 32807		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			