

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132069

FILED
Feb 28, 2007
Secretary of State

Entity Name: D.L.P. TILE SOLUTIONS CORPORATION

Current Principal Place of Business:

5178 MILLENIA BLVD.,SUITE 103
ORLANDO, FL 32839 US

New Principal Place of Business:

5106 OLDE KERRY DR
ORLANDO, FL 32837 US

Current Mailing Address:

5178 MILLENIA BLVD.,SUITE 103
ORLANDO, FL 32839 US

New Mailing Address:

5106 OLDE KERRY DR
ORLANDO, FL 32837 US

FEI Number: 20-3537055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
246
ORLANDO, FL 32819 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERRONI, MOSES
Address: 3522 W D JUDGE DR
City-St-Zip: ORLANDO, FL 32808 US

Title: VP () Delete
Name: KOCALCHUK, JOSE AUGUSTO
Address: 3522 W D JUDGE DR
City-St-Zip: ORLANDO, FL 32808 FL

Title: S () Delete
Name: LEITE, ISAAC E
Address: 3522 W D JUDGE DR
City-St-Zip: ORLANDO, FL 32808 FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VON WOLTER, JOHANNE
Address: 5106 OLDE KERRY DR
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Change () Addition
Name: PERRONI, MOSES
Address: 5106 OLDE KERRY DR
City-St-Zip: ORLANDO, FL 32837 FL

Title: S (X) Change () Addition
Name: LEITE, ISAAC E
Address: 5106 OLDE KERRY DR
City-St-Zip: ORLANDO, FL 32837 FL

Title: T () Change (X) Addition
Name: KOCALCHUK, JOSE AUGUSTO
Address: 5106 OLDE KERRY DR
City-St-Zip: ORLANDO, FL 32837 US

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: JOHANNE VON WOLTER

P

02/28/2007

Electronic Signature of Signing Officer or Director

Date