


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90022 028 ***150.00

DOCUMENT # P05000135076	
1. Entity Name BUNGLEHOUSE TILE COMPANY	

Principal Place of Business 65 DOUGLAS AVE. ST. AUGUSTINE FL 32084	Mailing Address 65 DOUGLAS AVE. ST. AUGUSTINE FL 32084
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2. Principal Place of Business - No P.O. Box # 21 BAYVIEW DR	3. Mailing Address 21 BAYVIEW DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip 32084	Zip 32084
Country ST. JOHNS	Country ST. JOHNS

4. FEI Number 20-3742634	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 LONGFELLOW, MAUREEN 65 DOUGLAS AVE. ST. AUGUSTINE FL 32084	
NAME + ADDRESS CHANGE	

7. Name and Address of New Registered Agent	
Name TAYLOR, MAUREEN	
Street Address (P.O. Box Number is Not Acceptable) 21 BAYVIEW DR.	
City ST. AUGUSTINE	FL Zip Code 32084

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 <i>Maureen Taylor</i> Signature, typed or printed name of registered agent and title, applicable.	MAUREEN TAYLOR (NOTE: Registered Agent signature required when reinstating)
	DATE 2-21-2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LONGFELLOW, MAUREEN 65 DOUGLAS AVE. ST. AUGUSTINE FL 32084 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MAUREEN TAYLOR 21 BAYVIEW DR. ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Maureen Taylor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2-21-2007 904-669-1024 Date Daytime Phone #