2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154648

Entity Name: FASHION TILE COMMERCIAL DIVISION, INC.

FILED Mar 10, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4643 CLYDE MORRIS BLVD 4643 S. CLYDE MORRIS BLVD

UNIT 304 UNIT 304

PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 US

Current Mailing Address: New Mailing Address:

4643 CLYDE MORRIS BLVD
UNIT 304

4643 S. CLYDE MORRIS BLVD
UNIT 304

PORT ORANGE, FL 32129 PORT ORANGE, FL 32129

US

FEI Number: 20-4366033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAMBERT, WILLIAM N 629 N PENINSULA DR DAYTONA BEACH, FL 32118

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 FOOTE, JAMES
 Name:
 FOOTE, JAMES

 Address:
 18 PINE VALLEY CIR
 Address:
 18 PINE VALLEY CIRCLE

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D () Delete Title: D (X) Change () Addition Name: STRACHEN, JOHN Name: STRACHEN, JOHN

Address: 21 FOLCROFT LN Address: 21 FOLCROFT LANE
City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 UANINO, WALTER
 Name:
 UANINO, WALTER

 Address:
 3604 CHRISTA CT
 Address:
 3604 CHRISTA COURT

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D () Delete Title: D (X) Change () Addition Name: SWILLEY, STACEY Name: SWILLEY, STACEY

Address: 310 COLUMBUS AVE Address: 131 DOTTIE AVENUE

City-St-Zip: NEW SMYRNA BEACH, FL 32167 City-St-Zip: DAYTONA BEACH, FL 32118 US

I hereby certify that the information supplied with this filing does not qualify 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: JAMES FOOTE PRES 03/10/2008