2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P05000154648

Entity Name: FASHION TILE COMMERCIAL DIVISION, INC.

Current Principal Place of Business:

4643 S. CLYDE MORRIS BLVD
UNIT 304
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

4643 S. CLYDE MORRIS BLVD
UNIT 304
PORT ORANGE, FL 32129 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GAMBERT, WILLIAM N
629 N PENINSULA DR
DAYTONA BEACH, FL 32118 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: PD ( ) Delete
Name: FOOTE, JAMES
Address: 18 PINE VALLEY CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D ( ) Delete
Name: STRACHEN, JOHN
Address: 21 FOLCROFT LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: SD ( ) Delete
Name: UANINO, WALTER
Address: 3604 CHRISTA COURT
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D ( ) Delete
Name: SWILLEY, STACEY
Address: 131 DOTTIE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 PD 03/10/2009

Electronic Signature of Signing Officer or Director — Date