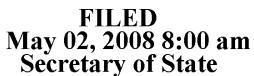
2008 FOR PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT # P05000157589 1. Entity Name CAL'S QUALITY TILE INC.				05-02-2008 90165 030 ***150.00
Principal Place of Business 7890 RONDEAN DRIVE JACKSONVILLE, FL 32217		Mailing Address 7890 RONDEAN DRIVE JACKSONVILLE, FL 322		/
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite. Apt. #, etc.		Suite, Apt. #, etc.		04292008 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For 51-0563043 Not Applicable
Zíp	Country	Zip	Country	5. Certificate of Status Desired Security Securi
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
LITTLETON, L.S. 6821 CABALLERO COURT JACKSONVILLE, FL 32217			Street Address	s (P.O. Box Number is Not Acceptable) FL Zip Code
the obligate	tions of registered agent.	t and little in applicable. (1907) 9. Election Campa	E: Registered Adent eignature redul	tered agent, or both, in the State of Florida. I am familiar with, and accept part when retristating) DATE 5.00 May Be dded to Fees
10. OFFICERS AND DIRECTORS		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAL, RUBEN E 7890 RONDEAN DRIVE JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME - STREET ADORESS CITY-ST-ZIP	V CAL, ESTEBAN A 7761 OLD KINGS ROAD JACKSONVILLE, FL 32217	☐ Delate	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZiP	☐ Change ☐ Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	HITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete:	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
Indicated of the cor	on this report or supplemental report	is true and accurate and that not nowered to execute this report	ny signature shall have th as required by Chapter 6	ted in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone is