
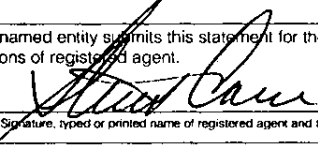
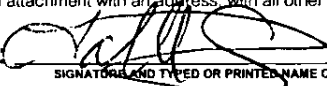


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90177 011 ***150.00

DOCUMENT # P06000043766 1. Entity Name T.K. TILING AND GROUT CLEANING INC.					
Principal Place of Business 710 GLENDALE AVE. NW PALM BAY, FL 32907 US			Mailing Address 710 GLENDALE AVE. NW PALM BAY, FL 32907 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 101081			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PALM BAY FL		4. FEI Number 20-4591059	
Zip 32910	Country US	5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELOCITY BUSINESS SOLUTIONS, INCORPORATED 6220 ORANGE BLOSSOM TR., SUITE 175, PLAZA CENTRAL ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name MILLER + CARUSO LLC Street Address (P.O. Box Number is Not Acceptable) 486 N. HARBOR CITY BLVD City MELBOURNE FL Zip Code 32935		
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  STEVEN CARUSO 3-21-07 <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete KING, TALENA K 710 GLENDALE AVE NW PALM BAY, FL 32907		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 Chapter 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  President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			21 MARCH 07 321.373.4238 <small>Date Daytime Phone #</small>		