2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 8:00 am **Secretary of State** DOCUMENT # P06000061644 1. Entity Name 03-19-2007 90095 011 ***150.00 GEORGE TILE & MARBLE INSTALLATION, INC. Principal Place of Business Mailing Address 4901 SUNBEAM RD. 4901 SUNBEAM RD. EUUS2410 #1013 #1013 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 3-11 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKU, GJERGI Street Address (P.O. Box Number is Not Acceptable) 4901 SUNBEAM RD. JACKSONVILLE, FL 32257 City Zip Code 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 (NOTE: Registered Agent signature required when 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE ☐ Delete TITLE ☐ Change ☐ Addition MARKU, GJERG NAME NAME STREET ADDRESS 4901 SUNBEAM RD. #1013 STREET ADDRESS JACKSONVILLE, FL 32257 CITY ST 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change □ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

FILED