2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000086283

Name:

Address:

City-St-Zip:

FILED Oct 28, 2007 Secretary of State

Entity Name: NATIVE TILE & TRAVERTINE INC. **Current Principal Place of Business: New Principal Place of Business:** 3354 SALFORD BLVD NORTH PORT, FL 34287 **Current Mailing Address: New Mailing Address:** 3354 SALFORD BLVD NORTH PORT, FL 34287 FEI Number: 52-2399672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARLEY, STEVE 3354 SALFORD BLVD SARASOTA, FL 34287 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D () Delete Title: () Change () Addition FARLEY, STEVE Name: Name: 3354 SALFORD BLVD Address: Address: City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: Title: () Delete Title: T/D () Change (X) Addition Name: Name: MIKE, DRUM J 1320 INDUS RD Address: Address: VENICE, FL 34293 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete VD.

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.

Name:

Address:

City-St-Zip:

STOLIKER, NICHOLAS B

NORTH PORT, FL 34286

2910 CARMELA AVE.

SIGNATURE: STEVE FARLEY P/D 10/28/2007