

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07122007 Chg-P CR2E034 (12/06)

4. FEI Number 41-2211339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DOCUMENT # P06000103265	
1. Entity Name WILD TILE INC.	



Principal Place of Business 1020 MADELINE AVE. 1301 PORT ORANGE, FL 32129 US	Mailing Address 1020 MADELINE AVE. 1301 PORT ORANGE, FL 32129 US
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2. Principal Place of Business - No P.O. Box 1508 Crescent Ridge Rd. Suite, Apt. #, etc. Daytona Beach FL. City & State 32118 USA Zip Country	3. Mailing Address 1508 Crescent Ridge Rd. Suite, Apt. #, etc. Daytona Beach FL. City & State 32118 USA Zip Country
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6. Name and Address of Current Registered Agent PICKETT, MICHAEL P 1020 MADELINE AVE. 1301 PORT ORANGE, FL 32129	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, MICHAEL P 1020 MADELINE AVE. PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400109872264 09/25/07 01010 017 \$150.00
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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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: Michael P. Pickett 9-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/19
ad