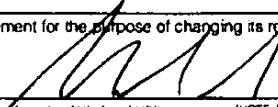
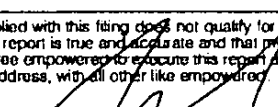


2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-05-2007 90089 012 ***150.00

FILED
Nov 15, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P06000107423 1. Entity Name SST TILE, INC.					
Principal Place of Business 2323 NE 36TH AVENUE UNIT 6 OCALA, FL 34470 US			Mailing Address 2323 NE 36TH AVENUE UNIT 6 OCALA, FL 34470 US		
2. Principal Place of Business - No P.O. Box # 2311 NE 28th Ave		3. Mailing Address P.O. Box 2438			
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. 			
City & State OCALA FL		City & State Silver Springs FL			
Zip 34470		Country 		Zip 34489	
Country 		Country 			
6. Name and Address of Current Registered Agent SANDERS, SHAD L 2323 NE 36TH AVENUE UNIT 6 OCALA, FL 34470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  1/19/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PVST SANDERS, SHAD 2323 NE 36TH AVENUE UNIT 6 OCALA, FL 34470 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, AMY PO BOX 2438 SILVER SPRINGS, FL 34489 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			Date: 1/19/07 Daytime Phone #		

Back to Amy Sanders did not set retention letter on 8/2/07