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Secretary of State
08-10-2007 90048 032 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000137116

1. Entity Name
ALL RENOVATION & TILE INC

66021453

07032007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6362 FABIAN RD NORTH PORT, FL 34287	6362 FABIAN RD NORTH PORT, FL 34287
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 583728844 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PREWETT, BOBBI
6362 FABIAN RD
NORTH PORT, FL 34287

7. Name and Address of New Registered Agent
Name: Gummel, Janis
Street Address (P.O. Box Number is Not Acceptable): 6362 Fabian Rd
City: North Port FL Zip Code 34287

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: Janis Dyan Gummel — 8/7/07
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO KOVTUSCHENKO, NICHOLAS 1316 28TH AVE DR W PALMETTO, FL 34221	☐ Delete	~~V~~ ~~Goble, Kevin~~ ~~603-A 67th Ave. W~~ ~~Bradenton, FL 34208~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KOVTUSCHENKO, NICHOLAS M 1316 28TH AVE DR W PALMETTO, FL 34221	☐ Delete	V Goble, Kevin 6362 Fabian Rd North Port, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Nick Kovtuschenko — 8/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #