## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

DOCUMENT # P06000143604 1. Entity Name



**FILED** Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90194 048 \*\*\*150.00

ALTERED IMAGE MARBLE & TILE INC.				
11201 SEMINOLE BLVD 11201		Mailing Address 11201 SEMINOLE BLVD LARGO, FL 33778	)	
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
DEARING, MICHAEL 11201 SEMINOLE BLVD LARGO, FL 33778			Name Street Address	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	ions of registered agent.	or the purpose of changing its	registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept
0,0,0,0,0	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered Agent signature requi	ruired when reinstating) OATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEARING, MICHAEL 1934 VALENCIA WAY CLEARWATER, FL 33764	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	S DEARING, ANNETTE 1934 VALENCIA WAY CLEARWATER, FL 33764	☐ 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
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR