2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P06000150452 04-17-2007 90236 022 ***150.00 TILE SYSTEMS OF CITRUS, INC. Principal Place of Business Mailing Address 6438 WEST RIO GRANDE DRIVE 6438 WEST RIO GRANDE DRIVE **BEVERLY HILLS, FL 34465 BEVERLY HILLS, FL 34465** 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 10111 SW 136 AUF 10111 SW 136 AUE 04142007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 174319644 Dunnellon Dunnellon Not Applicable \$8.75 Additional 5. Certificate of Status Desired Marcon Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kenneth D South SMITH, KENNETH D Street Address (P.O. Box Number is Not Acceptable) 6438 WEST RIO GRANDE DRIVE **BEVERLY HILLS, FL 34465** 10111 SW 136 AUE 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 Kennell 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 n TITLE FIII F ☐ Delete ☑ Change ☐ Addition Kenneth D Smith SMITH, KENNETH D NAME NAME JUNNELLOW 136 AVE Dunnellow RIA 34432 STREET ADDRESS 6438 WEST RIO GRANDE DRIVE STREET ADDRESS CITY-ST-ZIP **BEVERLY HILLS, FL 34465** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE TIME ☐ Defete ☐ Change ■ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШŒ ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete IIII F ☐ Change ■ Addition TITLE 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it 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.

NING OFFICER OR DIRECTOR

FILED