


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jun 19, 2008 8:00 am
Secretary of State

06-02-2008 90001 048 ***150.00

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|--|---|---------------------|--|---|--|
| DOCUMENT # P07000097162 1. Entity Name BLUE DIAMOND TILE CORP. | | | |  | |
| Principal Place of Business 7744 CAOBA CT LAKE WORTH FL 33467 | | | Mailing Address 7744 CAOBA CT LAKE WORTH FL 33467 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0884605 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KRUEGER, ROBERT 7744 CAOBA CT LAKE WORTH FL 33467 | | | | 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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when terminating)</small> | | | | | |
| FILE NOW!!! FEES: \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P/D <input type="checkbox"/> Delete KRUEGER, ROBERT 7744 CAOBA CT LAKE WORTH FL 33467 | | 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 Section 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: <u><i>Robert Krueger</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>5/16/08</u> Daytime Phone: _____ | | |