2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000032248

Entity Name: TRACYS TILE INC

Current Principal Place of Business:

1824 FLAGLER AVENUE
KEY WEST, FL 33040 US

New Principal Place of Business:

1200 4TH STREET
KEY WEST, FL 33040 US

Current Mailing Address:

1824 FLAGLER AVENUE
PMB 172
KEY WEST, FL 33040 US

New Mailing Address:

1200 4TH STREET
PMB 172
KEY WEST, FL 33040 US

FEI Number: 26-2275571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GILL, WILLIAM T SR.
419 TRUMAN AVENUE
APT. #4
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GILL, WILLIAM T
Address: 419 TRUMAN AVENUE APT. #4
City-St-Zip: KEY WEST, FL 33040 US

Title: VP ( ) Delete
Name: STOTTS, ROBERT
Address: 30261 SOUTH STREET
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: S ( ) Delete
Name: UPTHEGROVE, MATTHEW
Address: 3 GEIGER ROAD
City-St-Zip: BIG COPPITT KEY, FL 33040 US

Title: T ( ) Delete
Name: STOTTS, STEVEN
Address: 1689 PINE CHANNEL DRIVE
City-St-Zip: LITTLE TORCH KEY, FL 33042 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. GILL P 04/30/2009

Electronic Signature of Signing Officer or Director — Date