


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90014 001 \*\*\*150.00

<b>DOCUMENT # P93000026852</b>	
1. Entity Name D & B TILE OF ORLANDO, INC.	

Principal Place of Business 4455 DARDANELLE DRIVE SUITE B ORLANDO, FL 32808	Mailing Address 14200 N.W. 4TH STREET SUNRISE, FL 33325
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40063300

2. Principal Place of Business - No P.O. Box # <b>4420 N. ORANGE BLOSSOM TRAIL</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03272008 Chg-P CR2E034 (12/06)

City & State <b>ORLANDO, FL</b>	City & State
Zip <b>32804</b>	Country <b>USA</b>

4. FEI Number <b>65-0400249</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent <b>YARBOROUGH, HAROLD G 14200 N.W. 4TH STREET SUNRISE, FL 33325</b>	
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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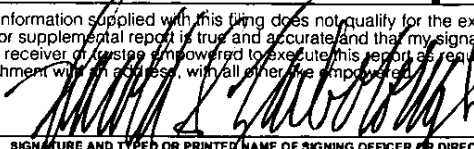
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YARBOROUGH, HAROLD 14200 N.W. 4TH STREET SUNRISE, FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD YARBOROUGH, HAROLD 14200 N.W. 4TH STREET SUNRISE, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YARBOROUGH, DAVID A 14200 NW 4TH STREET SUNRISE, FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YARBOROUGH, DAVID A. 14200 N.W. 4TH STREET SUNRISE, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the employees.	
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SIGNATURE: 	Date: <b>4/15/08</b>	Daytime Phone #: <b>(954) 845-1110</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>HAROLD YARBROUGH, Resident</b>		