2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT			Apr 26, 2006 08:00 AM		
DOCUMENT # P940000319 1. Entity Name MCDERMOTT TILE & MARBLE CORP.	0 .			Secret	ary of State
258 NW 2ND AVE. 2	ailing Address 58 NW 2ND AVE. EERFIELD BEACH, FL 33441		}	ION BUR THE TOUR SE	N 1880
DO NOT WRITE II	☲.	CE	01072006 4. FEI Numbe 65-0462	No Chg-P	CR2E034 (11/05) Applied For Not Applicabl \$8.75 Additional Fee Required
6. Name and Address of Current Rogis MCDERMOTT, MATTHEW E 2050 NE 26 STREET LIGHTHOUSE POINT, FL 33064	tored Agent		-	NOT W HIS SP	
The above named entity submits this statement for the parties obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title.		ed office or registe		n, in the State of Fk	orida. I am femiliar with, and accep
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRE	Election Campaign Final Trust Fund Contribution. CTORS		.00 May Be led to Fees		
TITLE NAME SIRCET ADDRESS EITY-SI-ZIP TITLE VP MCDERMOTT, MATTHEW 2050 N.E. 26 ST LIGHTHOUSE POINT, FL 33064 TITLE VP MCDERMOTT, ALICIA 2050 NE 26 STREET LIGHTHOUSE POINT, FL 33064 TITLE NAME SIRCET ADDRESS CITY-ST-ZIP TITLE NAME SIRCET ADDRESS CITY-ST-ZIP TITLE NAME SIRCET ADDRESS CITY-ST-ZIP TITLE NAME SIRCET ADDRESS SIRCET ADDRESS SIRCET ADDRESS SIRCET ADDRESS SIRCET ADDRESS				000000 05/08/06 NOT W	

12. Thereby 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 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 tike empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED KAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description

TITLE NAME STREET ADDRESS CITY-ST-ZIP