2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# P94000007851

Entity Name: TILE-RITE, INC.

Current Principal Place of Business:

14005 NORTH MAGNOLIA AVENUE
SPARR, FL 32192 US

New Principal Place of Business:

14005 NORTH MAGNOLIA AVENUE
CITRA, FL 32113 US

Current Mailing Address:

P.O. BOX 790
ANTHONY, FL 32617 US

New Mailing Address:

FEI Number: 65-0473074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATES, DAVID A
1400 N MAGNOLIA AVE
SPARR, FL 32192 US

Name and Address of New Registered Agent:

BATES, DAVID A
1400 N MAGNOLIA AVE
CITRA, FL 32113 US

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: _____ 01/11/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: BATES, DAVID A
Address: 14005 NORTH MAGNOLIA AVENUE
City-St-Zip: SPARR, FL 32192

Title: T ( ) Delete
Name: BATES, KAREN G
Address: 14005 N. MAGNOLIA AVENUE
City-St-Zip: SPARR, FL 32192

Title: VP ( ) Delete
Name: KRISE, ROBERT A VP
Address: 14003 N. MAGNOLIA AVENUE
City-St-Zip: CITRA, FL 32113 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: BATES, DAVID A
Address: 14005 NORTH MAGNOLIA AVENUE
City-St-Zip: CITRA, FL 32113

Title: T (X) Change ( ) Addition
Name: BATES, KAREN G
Address: 14005 N. MAGNOLIA AVENUE
City-St-Zip: CITRA, FL 32113

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID A. BATES PSD 01/11/2005
Electronic Signature of Signing Officer or Director — Date