2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P94000049548 Jan 29, 2007 08:00 AM **Secretary of State** 1. Entity Name ERIC'S CERAMIC TILE, INC. Principal Place of Business Mailing Address 2901 BIGSKY BLVD KISSIMMEE FL 34744 2901 BIGSKY BLVD KISSIMMEE FL 34744 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, ctc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3275276 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo NIEDENTHAL, ERIC 5310 ALLIGATOR LAKE RD Street Address (P.O. Box Number is Not Acceptable) SAINT CLOUD FL 34772 City 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 Signaturo, typud or printed name of registered agent and lifte if applicable (NOTE; Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete MILE _____ Δrkiii, ☐ Change NIEDENTHAL, ERIC NAME 2901 BIGSKY BLVD U00000609301 SHEET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 02/01/07-80045-016 150.00 CITY ST 707 CHY SI ZIP 11115 Delete ШП Change Addiss NAM NAMI STREET ADDRESS STRULL ADDRESS CITY SEZIF CITY SE 712 IIII Delete HLE ☐ Change ☐ Addle NAM NAM STREET ADDRESS STREET ADDRESS CITY SE-70 GRY SI ZIP Delete HIII 11111 ☐ Addisin ☐ Change NAMI NAMI SHELL ADDRESS STOLET ADDOCSS CITY ST 78P CUY ST ZIP Delete HHE ☐ Change TIBE ☐ Addilla MANE NAME STREET ADDRESS SIRELL ADDRESS CITY ST ZIP CHY-SI ZE ALM. HILE ☐ Delete 1911 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI 78 CRY SE ZIE 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath, 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

407-846-2443