2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 13, 2005 08:00 AM DOCUMENT # P97000063210 **Secretary of State** VISION CERAMIC TILE & MARBLE, INC. Principal Place of Business Mailing Address 9320 SONIA STREET 9320 SONIA STREET ORLANDO, FL 32825 ORLANDO, FL 32825 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3459134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BALLANTYNE, RINA DO NOT WRITE 9320 SONIA STREET ORLANDO, FL 32825 IN THIS SPACE . 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BALLANTYNE, RINA MARKE STREET ADDRESS 9320 SONIA STREET CITY-ST-ZIP ORLANDO, FL 32825 TITLE NAME U00000179723 01/13/05-80031-009 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS CRY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: 2

NAME STREET ADDRESS OTTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2005 (401)281-6591

FILED