FILED
May 22, 2006 8:00 am
Secretary of State

04-17-2006 90404 045 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000013617

1. Entity Name
SOUTHERN BREEZE TILE, INC.

Principal Place of Business	Mailing Address
1214 MILL CREEK TRAIL CANTONMENT, FL 32533	1214 MILL CREEK TRAIL CANTONMENT, FL 32533

04082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		9704 North Old Palafox Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pensacola, FL	
Zip	Country	Zip 32533	Country

4. FEI Number 59-3497852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HYKES, ROY D 1214 MILL CREEK TRAIL CANTONMENT, FL 32533	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.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HYKES, ROY D 1214 MILLCREEK TRAIL CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HYKES, BEVERLY L 1214 MILLCREEK TRAIL CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #