2005 FOR PROFIT CORPORATION

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 13, 2005 08:00 AM ANNUAL REPORT Secretary of State **DOCUMENT # P98000047400** FLORIDA TILES INSTALLATION, INC. Principal Place of Business Mailing Address 15440 S.W. 81 CIR. LN 15440 S.W. 81 CIR. LN SUITE 59 SUITE 59 MIAMI, FL 33193 MIAMI, FL 33193 07052005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0842812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALLON, VICTOR = DO NOT WRITE 15440 S.W. 81 CIR. LN SUITE 59 IN THIS SPACE MIAMI, FL 33193 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. U00000372500 07/13/05-80004-001 150.*0*0 Signature, typed or printed name of registered agent and time if applicable [NOTE: Registered Agont signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE D BALLON, VICTOR NAME STREET ADDRESS 15440 SW 84 CIR., STE59 CITY-ST-ZIP MIAMI, FL 33193 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-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 supplementatine-port 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 live empowered.

FILED

385- 8913