2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 20, 2006 08:00 AM Secretary of State DOCUMENT # P99000061330 1. Entity Name TILE BY JOHN PERRY INC. Principal Place of Business Mailing Address 4223 TYLER ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0935786 Not Applicat 210 Country Zip 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 Name CORPORATE CREATIONS ENTERPRISES, INC. 941 FOURTH STREET #200 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tino if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee-Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change NAME PERRY, JOHN NAME U00000473253 STREET ADDRESS 4223 TYLER ST STREET ADDRESS 03/31/06-80009-012 150.00 CITY-ST-77 HOLLYWOOD FL 33021 Cary-St-ZP TITLE Dolete TITLE ☐ Change □ Aid NAME NAME STREET ADDIRESS STREET ADDRESS CITY-S1-219 CITY-ST-ZIP titif ☐ Detete TITLE Change □ Add MAAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIO CHY-ST-18 BILE ☐ Defete TITLE ☐ Change 日命 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete T17) F Change ☐ A is NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - SI - ZIP TITI F ☐ Delete 171.0 ☐ Change NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Section 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 office of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Plorida Statutes; and that my name appears in Block 10 or Block if chapter 607 on an attachment with accordance with a conditional lighter like empowered.

JOHN PERRY

with an address, with all other like empowered

FILED

15/06