2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# S19602

Entity Name: SKILLED MASONRY, TILE AND MARBLE, INC.

Current Principal Place of Business:

10570 WOODCHUCK LANE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

1095 CORA MILL ROAD
GALLIPOLIS, OH 45631 US

Current Mailing Address:

10570 WOODCHUCK LANE
BONITA SPRINGS, FL 34135 US

New Mailing Address:

1095 CORA MILL ROAD
GALLIPOLIS, OH 45631 US

FEI Number: 65-0233962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, MARK
10570 WOODCHUCK LANE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

CRAWFORD, MARK
1095 CORA MILL ROAD
GALLIPOLIS, FL 45631 US

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.

SIGNATURE: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: CRAWFORD, MARK,
Address: 10570 WOODCHUCK LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VS ( ) Delete
Name: CRAWFORD, SHARON,
Address: 10570 WOODCHUCK LANE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: CRAWFORD, MARK,
Address: 1095 CORA MILL ROAD
City-St-Zip: GALLIPOLIS, OH 45631

Title: VS (X) Change ( ) Addition
Name: CRAWFORD, SHARON,
Address: 1095 CORA MILL ROAD
City-St-Zip: GALLIPOLIS, OH 45631

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CRAWFORD PT 04/30/2008
Electronic Signature of Signing Officer or Director — Date