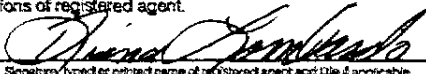


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # V05607 1. Entity Name LTS TILE GALLERY, INC.		
Principal Place of Business 3427 TAMAMI TR. PORT CHARLOTTE, FL 33952		Mailing Address 4188 ELECTRIC WAY CHARLOTTE HARBOR, FL 33980
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LOMBARDO, DENNIS 4188 ELECTRIC WAY CHARLOTTE HARBOR, FL 33980		DO NOT WRITE IN THIS SPACE
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:  DATE: 1/12/06 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		
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		DO NOT WRITE IN THIS SPACE U00000395312 01/26/06-80045-009 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOMBARDO, DIANA 3650 COMO ST. PORT CHARLOTTE, FL 33948	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOMBARDO, DENNIS 3650 COMO ST. PORT CHARLOTTE, FL 33948	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  DATE: 1/12/06 DAYTIME PHONE #: 941-629-2825 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		