

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096949

FILED  
May 09, 2006  
Secretary of State

Entity Name: AMERICAN TILE, INC.

**Current Principal Place of Business:**

3902 COCHISE TERRACE  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

3902 COCHISE TERRACE  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 65-1143626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DESROCHERS, GUY  
3902 COCHISE TERRACE  
SARASOTA, FL 34233      US

**Name and Address of New Registered Agent:**

DESROCHERS, GWENDOLYN L  
3902 COCHISE TERRACE  
SARASOTA, FL 34233      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: GWENDOLYN L. DESROCHERS      05/09/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: DESROCHERS, GWENDOLYN  
Address: 3902 COCHISE TERRACE  
City-St-Zip: SARASOTA, FL 34233

Title: VP ( ) Delete  
Name: DESROCHERS, GUY C  
Address: 3902 COCHISE TERRACE  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GWENDOLYN L. DESROCHERS      PSD      05/09/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date