2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164264

Entity Name: PRINCESS TILE DESIGN INC

200 MALTESE CIR APT. 9

FERN PARK, FL 32730

Address:

City-St-Zip:

FILED Apr 14, 2006 Secretary of State

Entity Nai	me: PRINCESS TILE DESIGN INC.			
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
200 MALT APT 9 FERN PAF	ESE CIR RK, FL 32730			
Current M	lailing Address:	New Mailing Addres	New Mailing Address:	
200 MALT APT 9 FERN PAF	ESE CIR RK, FL 32730			
FEI Number	: FEI Number Applied For (2	X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Age	nt: Name and Address o	Name and Address of New Registered Agent:	
3098 STILI	Z, MARIA ULTORES LABORALES INC LWATER DR. E, FL 34743 US	JARAMILLO, AYDEE 200 MALTESE CIR APT 9 FERN PARK, FL 327	30 US	
	named entity submits this statement for e of Florida.	the purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: AYDEE JARAMILLO		04/14/2006	
	Electronic Signature of Registere	d Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete JARAMILLO, AYDEE 200 MALTESE CIR APT. 9 FERN PARK, FL 32730	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete RIVERS, LEONEL 200 MALTESE CIR APT. 9 FERN PARK, FL 32730	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete JARAMILLO, AYDEE 200 MALTESE CIR APT. 9 FERN PARK, FL 32730	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () Delete RIVERS, LEONEL	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LEONEL RIVERS VP 04/14/2006