2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90041 007 ***150.00

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1. Entity Name
OLYMPIA TILE (USA), INC.

Principal Place of Business	Mailing Address
2443 E. MEADOW BLVD. TAMPA, FL 33619 US	701 BERKSHIRE LANE N. PLYMOUTH, MN 55441 US

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
91-1116624
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD., #221 E
PALM BEACH GARDENS, FL 33410

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P
NAME	REICHMANN, RALPH
STREET ADDRESS	1000 LAWRENCE AVE. WEST
CITY-ST-ZIP	TORONTO, ONT.,CANADA,
TITLE	TD
NAME	BEAUPRE, TIMOTHY
STREET ADDRESS	701 BERKSHIRE LANE N.
CITY-ST-ZIP	PLYMOUTH, MN
TITLE	D
NAME	BENNETT, WM. SCOTT
STREET ADDRESS	2443 E MEADOW BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	GESTETNER, LEWIS
STREET ADDRESS	1000 LAWRENCE AVE. WEST
CITY-ST-ZIP	TORONTO, ONT.,CANADA,
TITLE	D
NAME	GOLDWATER, JEFFREY
STREET ADDRESS	1000 LAWRENCE AVE. N.
CITY-ST-ZIP	TORONTO, ON
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 01/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #