

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071389

FILED
Apr 15, 2005
Secretary of State

Entity Name: NATIVE TILE, INC.

Current Principal Place of Business:

MARK & COLLEEN WENGER
1806 SPRINGWOOD CIRCLE N
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

MARK & COLLEEN WENGER
1806 SPRINGWOOD CIRCLE N
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 65-0410782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENGER, MARK
1806 SPRINGWOOD CIR N.
CLEARWATER, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WENGER, MARK
Address: 1806 SPRINGWOOD CIRCLE N
City-St-Zip: CLEARWATER, FL 33763

Title: ST () Delete
Name: WENGER, COLLEEN P
Address: 1806 SPRINGWOOD CIRCLE
City-St-Zip: CLEARWATER, FL 33763

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 Section 119.07(3)(i), 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 WENGER

PD

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date