2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005740

Entity Name: CREATIONS IN TILE, INC.

FILED Mar 13, 2007 Secretary of State

Littly Nai	IIIe. CREATIC	IN TILL, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
2301 NOR DORAL, F	THWEST 84T L 33122	H AVENUE			
Current Mailing Address:			New Mailing Address:		
	TION ROAD VILLE, NY 117	739			
FEI Number	: 11-3417312	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
	AND CORPOR NE NORTH S FL 34102 L				
	named entity : e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () VALVA, MARK 20 CRESTVIEV BAYPORT, NY		Title: Name: Address: City-St-Zip:	P (X) Change () Addition VALVA, MARK 20 CRESTVIEW CT BAYPORT, NY 11705	
Title: Name: Address: City-St-Zip:	V () VALVA, ROBEF 283 GREAT RIV GREAT RIVER,	/ER RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () MC AULIFFE, S 21 DANA LANE EAST ISLIP, N		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () WHITE, BERNA 57 S SNEDECC BAYPORT, NY	DR AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () PURCHLA, JOA 240 W SHORE		Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: JOANNE VALVA PURCHLA S 03/13/2007

OAKDALE, NY 11769

City-St-Zip: