2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51686

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NAPLES, FL 34109

TRIPP, THOMAS H

NAPLES, FL 34112

4210 PEARL HARBOR DR

() Delete

FILED Apr 18, 2008 Secretary of State

Entity Nam	ne: CREAT	IVE TILE CONCEPTS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1853 TRAD NAPLES, F	E CENTER L 34109	WAY US					
Current Mailing Address:				New Mailing Address:			
1853 TRAD NAPLES, F	E CENTER L 34109	WAY US		1853 TRADE CENTER WAY NAPLES, FL 34109			
FEI Number:	59-2130617	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
TRIPP, THO 4210 PEAR NAPLES, F	L HARBOR	DR US					
The above in the State	named entity of Florida.	y submits this statement for the p	ourpose of changing	; its registered of	fice or registered agent, or bot	:h,	
SIGNATUR	E:						
	Electro	onic Signature of Registered Age	ent		Date	_	
Election Cam	paign Financi	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P (WHITE, NEAL 1853 TRADE NAPLES, FL	CTR WAY	Title: Name: Address: City-St-Zip:	WHITE, NEAL 1853 TRADE CE			
Title: Name: Address: City-St-Zip:	VP (AGIUS, STEP 1853 TRADE NAPLES, FL	CTR WAY	Title: Name: Address: City-St-Zip:	AGIUS, STEPHE 1853 TRADE CE	NTER WAY		
Title: Name: Address:	T (GOGGIN, GR 1853 TRADE		Title: Name: Address:	T (X) GOGGIN, GREG 1853 TRADE CE			

I hereby certify that the information supplied with this filing does not qualify 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:

Title:

Name:

Address:

City-St-Zip:

NAPLES, FL 34109

() Change () Addition

SIGNATURE: THOMAS H. TRIPP SEC 04/18/2008