


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90025 031 ***150.00

DOCUMENT # K60032 1. Entity Name CREATIVE TILE, INC.	
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Principal Place of Business 1136 OLD DIXIE HWY. VERO BEACH, FL 32960	Mailing Address 1136 OLD DIXIE HWY. VERO BEACH, FL 32960
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54020267



DO NOT WRITE IN THIS SPACE

01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0113814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABBATE, VINCENT 1136 OLD DIXIE HWY. VERO BEACH, FL 32960

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABBATE, VINCENT 365 S. WAVERLY PLACE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ABBATE, VINCENT 365 S. WAVERLY PLACE VERO BEACH, FL
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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 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 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 an officer like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04

Date

772 569-9113

Daytime Phone #