


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000043739**  
 1. Entity Name  
**C-LEVEL TILE, INC.**



Principal Place of Business      Mailing Address  
**3245 N. COURTNEY PKWY #245 MERRITT ISLAND FL 32953 US**      **3131 PEACEFUL ISLE CT MERRITT ISLAND FL 32953 US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number **59-3725946**      Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**CZAPLEWSKI, CHRISTIAN**  
**3131 PEACEFUL ISLE CT.**  
**MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

B. 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 remaining)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$350.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  **\$5.00 May Added to Fee**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CZAPLEWSKI, CHRISTIAN</b>
STREET ADDRESS	<b>3131 PEACEFUL ISLE CT</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CZAPLEWSKI, THERESA</b>
STREET ADDRESS	<b>3131 PEACEFUL ISLE CT</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>000000451024</b> <b>03/10/06-80033-008 150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Christian Czaplowski      Christian Czaplowski      2-27-06      03/10/06-80033-008 150.00