

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017601

Entity Name: TILES PLUS, INC.

FILED  
Mar 05, 2006  
Secretary of State

## Current Principal Place of Business:

1331 N WEMBLEY CIR  
PORT ORANGE, FL 32138

## New Principal Place of Business:

## Current Mailing Address:

1331 N WEMBLEY CIR  
PORT ORANGE, FL 32138

## New Mailing Address:

FEI Number: 03-0416901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALENTI, CARMINE JR  
1331 N WEMBLEY CIR  
PORT ORANGE, FL 32138 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: VALENTI, CARMINE JR  
Address: 1331 N WEMBLEY CIR  
City-St-Zip: PT ORANGE, FL 32138

Title: S ( ) Delete  
Name: RICCADONNA, NICK  
Address: 1331 N. WEMBLEY CIR.  
City-St-Zip: PORT ORANGE, FL 32128

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SHERIDAN, JIMMY  
Address: 1331 N. WEMBLEY CIR.  
City-St-Zip: PORT ORANGE, FL 32128

Title: VP ( ) Change (X) Addition  
Name: VALENTI, MARIA  
Address: 1331 N WEMBLEY CIRCLE  
City-St-Zip: PORT ORANGE, FL 32128

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.

SIGNATURE: CARMINE VALENTI

PD

03/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date