2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061296

Entity Name: AAA TILE RESTORATION, INC

FILED Jan 06, 2006 Secretary of State

Entity Nai	me: AAA IILE	RESTORATION, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RADISE COVE TON, FL 3346				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	RADISE COVE TON, FL 3346				
FEI Number:	: 01-0710162	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
MUCHA, OFER 11456 PARADISE COVE LN WELLINTON, FL 33467 US				MUCHA, OFER 11456 PARADISE COVE LN WELLINGTON, FL 33467 US	
	named entity see of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				01/06/2006	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MUCHA, OFER 11456 PARADI: WELLINGTON,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MUCHA, NAOM 11456 PARADI WELLINGTON,	SE COVE LN	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: NAOMI MUCHA VP 01/06/2006