


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000131644 1. Entity Name TILE BY TUTOR INC.	
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Principal Place of Business 4700 PINE LAKE DRIVE ST. CLOUD, FL 34769 US	Mailing Address 4700 PINE LAKE DRIVE ST. CLOUD, FL 34769 US
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07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3739010	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 TUTOR, PETER 4700 PINE LAKE DRIVE ST. CLOUD, FL 34769

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00 Due by September 6, 2006	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	DPVP TUTOR, PETER 4700 PINE LAKE DRIVE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TUTOR, DEBORAH 4700 PINE LAKE DRIVE ST. CLOUD, FL 34769
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08/30/06-80003-007 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE:  **8-26-06 407-3186597**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #