

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000147816

**Entity Name:** TILE VISIONS, INC.

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

303 OLIVE AVE  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

303 OLIVE AVE  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 20-0602114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALLESE, DAN  
303 OLIVE AVE  
PORT ST LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

GALLESE, DANIEL  
303 OLIVE AVE  
PORT ST LUCIE, FL 34952 US

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:** DANIEL GALLESE

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GALLESE, DANIEL  
**Address:** 303 OLIVE AVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

I hereby 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 all other like empowered.

**SIGNATURE:** DANIEL GALLESE

P

03/22/2012

Electronic Signature of Signing Officer or Director

Date