

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023110

Entity Name: TREASURE TILE, INC.

FILED
Jan 20, 2006
Secretary of State

Current Principal Place of Business:

1868 AVIAN CT
NAPLES, FL 34119

New Principal Place of Business:

6240 SHIRLEY ST.
103
NAPLES, FL 34109

Current Mailing Address:

1868 AVIAN CT
NAPLES, FL 34119

New Mailing Address:

6240 SHIRLEY ST.
103
NAPLES, FL 34109

FEI Number: 20-2342248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAMPEAU, GREG
426 TORREY PINES PT
NAPLES, FL 34113 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: D () Delete
Name: CRUZ, RAFAEL
Address: 1868 AVIAN CT
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: BALFOUR, MICHELE
Address: 1868 AVIAN CT
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BALFOUR, MICHELE
Address: 1293 BARRIGONA CT.
City-St-Zip: NAPLES, FL 34119

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: MICHELE BALFOUR

VP

01/20/2006

Electronic Signature of Signing Officer or Director

Date