2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069264

Name:

Address:

City-St-Zip:

DUARTE, GERALDO N

4413 S KIRKMAN ROAD

ORLANDO, FL 32811 US

Entity Name: GW TILE CORPORATION

FILED Aug 21, 2007 Secretary of State

Entity Name: GW TILE CORPORATION					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4413 S KIRI APT# 209	KMAN ROAD				
ORLANDO,	FL 32811	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	KMAN ROAD				
APT# 209 ORLANDO,	FL 32811	US			
FEI Number:		FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
NEW LIFE PROFESSIONAL SERVICES 5950 LAKEHURST DRIVE SUITE 215 ORLANDO, FL 32819 US			6849 PASTURELAND	NEW LIFE PROFESSIONAL SERVICES 6849 PASTURELANDS PLACE WINTER GARDEN, FL 34787 US	
The above r		submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: HELEN OLIVEIRA				08/21/2007	
	Electron	ic Signature of Registered Agen	t	Date	
		3(2)(b), F.S., the corporation did not in Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DOS SANTOS,	NN ROAD APT# 209	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RIBEIRO, WAG	NN ROAD APT# 209	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	T ()	Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GEREMIAS A DOS SANTOS P 08/21/2007