

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90099 005 ***150.00

DOCUMENT # P39444

1. Entity Name
OLYMPIA TILE (USA), INC.



Principal Place of Business
2443 E. MEADOW BLVD.
TAMPA, FL 33619 US

Mailing Address
701 BERKSHIRE LANE N.
PLYMOUTH, MN 55441 US



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1116624	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD., #221 E
PALM BEACH GARDENS, FL 33410

**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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REICHMANN, RALPH 1000 LAWRENCE AVE. WEST TORONTO, ONT., CANADA,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BEAUPRE, TIMOTHY 701 BERKSHIRE LANE N. PLYMOUTH, MN
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, WM. SCOTT 2443 E MEADOW BLVD TAMPA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GESTETNER, LEWIS 1000 LAWRENCE AVE. WEST TORONTO, ONT., CANADA,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDWATER, JEFFREY 1000 LAWRENCE AVE. N. TORONTO, ON
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/07

Date

Daytime Phone # _____