

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000036105

FILED
Mar 16, 2005
Secretary of State

Entity Name: INTERNATIONAL WHOLESALE TILE, INC.

Current Principal Place of Business:

3500 SW 42ND AVE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2267
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 65-0488850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUCHER, PAUL F
1006 S.W WOODCREEK DR.
PALM CITY, FL 34990 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: P () Delete
Name: BOUCHER, PAUL F
Address: 1006 S.W WOODCREEK DR.
City-St-Zip: PALM CITY, FL 34990

Title: VTS () Delete
Name: JORDAN, FORREST P
Address: 71 N SEWALLS PT RD
City-St-Zip: SEWALLS POINT, FL 34996

Title: V () Delete
Name: PERNA, GREY
Address: 1456 NE OCEAN BLVD APT 12-202
City-St-Zip: STUART, FL 34996

Title: V () Delete
Name: SPENCER, KATHRYN
Address: 2145 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHRYN SPENCER

V

03/16/2005

Electronic Signature of Signing Officer or Director

Date