


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P94000036105 1. Entity Name INTERNATIONAL WHOLESALE TILE, INC.	
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Principal Place of Business 3500 SW 42ND AVE PALM CITY, FL 34990 US	Mailing Address P.O. BOX 2267 PALM CITY, FL 34991 US
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0488850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOUCHER, PAUL F 1006 S.W WOODCREEK DR. PALM CITY, FL 34990	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000683157 04/11/07-80024-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUCHER, PAUL F 1006 S.W WOODCREEK DR. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS JORDAN, FORREST P 71 N SEWALLS PT RD SEWALLS POINT, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERNA, GREY 1456 NE OCEAN BLVD APT 12-202 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPENCER, KATHRYN 2145 SE ST LUCIE BLVD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **(772) 223-5151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #