

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90021 004 ***150.00

DOCUMENT # M97464
1. Entity Name
PENTUCKET TEXTILES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1427 NW 26TH AVE.	3. Mailing Address 1427 NW 26TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

54014596

DO NOT WRITE IN THIS SPACE

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL	4. FEI Number 65-0054008	Applied For Not Applicable
Zip 33445	Country USA	Zip 33445	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD
City PLANTATION
State FL
Zip Code 33324

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 _____ DATE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		
<p>TITLE PD NAME JILL M. CARROLL STREET ADDRESS 19 QUIMBY STREET CITY - ST - ZIP HAVERHILL, MA 01830</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	DO NOT WRITE IN THIS SPACE
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	
<p>TITLE TD NAME STEVEN M. SHAIN STREET ADDRESS 14 STEVENS STREET CITY - ST - ZIP HAVERHILL, MA 01830</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	
<p>TITLE SD NAME HERBERT P. PHILLIPS STREET ADDRESS 245 NE MAC ARTHUR BLVD. CITY - ST - ZIP STUART, FL 34996</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	

CR2E0348 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: Steve Shain **Steve SHAIN** 2/28/04 978-374-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #