2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90402 035 ***150.00

DOCUMENT # P04000056326

1. Entity Name
ALL AMERICAN TEXTURED CONCRETE, INC.

Principal Place of Business	Mailing Address
5280 S SUFFALK TER HOMOSASSA, FL 34446	5280 S SUFFALK TER HOMOSASSA, FL 34446

2. Principal Place of Business	3. Mailing Address
5280 S. Suffolk Ter	5280 S. Suffolk Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homosassa, FL	City & State: Homosassa, FL
Zip: 34446 Country:	Zip: 34446 Country:

04152006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-0995215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LA PORTE, CORRINA
5280 S SUFFOLK TERRACE
HOMOSASSA, FL 34446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPORTE, CORRINA A 3220 S ARUNDEL TERRACE HOMOSASSA, FL 34448	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corrina A. LaPorte 5280 S. Suffolk Ter. Homosassa, FL 34446	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPORTE, ROBERT M 3220 S ARUNDEL TERRACE HOMOSASSA, FL 34448	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert M. LaPorte 5080 S. Suffolk Ter. Homosassa, FL 34446	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Corrina LaPorte 4/20/06 (352) 628-3685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #