2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 240596

Entity Name: R & M FABRICS INC

Current Principal Place of Business:

2700 N.W. FEDERAL HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2434 MYRTLE STREET
JENSEN BEACH, FL 34957 US

New Mailing Address:

2434 NE MYRTLE STREET
JENSEN BEACH, FL 34957 US

FEI Number: 59-0908569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVESTRI, STACY
2434 MYRTLE STREET
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

SILVESTRI, STACY
2434 NE MYRTLE STREET
JENSEN BEACH, FL 34957 US

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: _____ 03/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FUNSTON, PETER
Address: 4391 SE HAIG POINT CT
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete
Name: RICA, KELLY F
Address: 5 BANYAN ROAD
City-St-Zip: SEWALLS POINT, FL 34996

Title: VD ( ) Delete
Name: FUNSTON, MARY C
Address: 4391 SE HAIG POINT CT
City-St-Zip: STUART, FL 34997

Title: STD ( ) Delete
Name: SILVESTRI, STACY
Address: 6151 SE WINGED FOOT DR
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: RICA, JOHN
Address: 5 BANYAN RD.
City-St-Zip: SEWALLS POINT, 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN RICA D 03/30/2009
Electronic Signature of Signing Officer or Director — Date