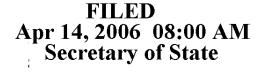
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL DOCUMENT # 815941 1. Entity Name FILTER FABRICS, INCORPORATED Principal Place of Business 814 E. JEFFERSON ST. GOSHEN, IN 46526





Mailing Address

PO BOX 455 GOSHEN, IN 46526

US

02112006 No Chg-P	CR2E034 (11/05)			
4. FEI Number		Applied For		
35-0891504		Not Applicat		
5. Certificate of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

					<del></del>	
	named entity submits this statement for the clions of registered agent.	ourpose of changing its registered office	ce or regis	tered agent, or boti	n, in the State of Florida. I am familiar with, and accer	
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE Registered Agent s	eignature requ	lred when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		5.00 May Be dded to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	STD PARKER, G. FRANK, JR. 7512 RIDGE ROAD PORT RICHEY, FL			U00000507330		
TITLE MAME STREET ADDRESS C/TY-ST-ZIP	V GRAW, JAMES 154 LAKESIDE DRIVE PEACHTREE CITY, GA		DO NOT WRITE IN THIS SPACE			
71TLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAW, NANCY N 154 LAKESHORE DR. PEACHTREE CITY, GA 30269					
Trile Name Street address City-SI-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ <del></del>			

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PHINTED NAME OF SIG

G. Frank Parker, JR

2/11/06

888-533-31

Dayrime Phone #