## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2006 08:00 AM Secretary of State

4/10/2006

845-365-1100

Daytime Phone e

1. Entity Nan	MENT # 854709 m fabrics, inc.			
33 RAMLAN	e of Business D SOUTH RG, NY 10962 US	Mailing Address 33 RAMLAND SOUTH ORANGEBURG, NY 10962	บร	E KUDUREK KUTURK BIKIT BIKETI TERBIT URUKKU HERK BIHAT BIKET BIKEK BIKUK BIKUK BIRUK BIRUK BIRUK BIRUK BIRUK B
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	OO NOT WRIT	E IN THIS SPA	CE	4. FEI Number Applied For Not Applied For Not Applied State State Of State Projected State State Of State Projected State Of State Projected State Of State Projected State Of State Projected State Of S
			· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired  Fea Required
5. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES STREET STE - 105 TALLAHASSEE, FL 32301				DO NOT WRITE IN THIS SPACE
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: Signature upped or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE:				
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  8. Election Campaign Financing \$5.00 in Trust Fund Contribution.				5.00 May Be ded to Fees
10.	OFFICERS AN	D DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAYNE, JEFFREY M. 352 BALTUSTROL CIR. NORTH HILLS, NY	<del>-</del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV LAYNE, PETER D. 100 AVON DR ESSEX FELLS, NJ			U00000517213 U5/01/06-80034-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME SIBELY ADDRESS CITY-SI-ZIP			·	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
Title Name Street Address City-St-Zip				
12. I hereby 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.				

TO LUL JACK NAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: