

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004558

FILED
Apr 29, 2008
Secretary of State

Entity Name: CEREX ADVANCED FABRICS, INC.

Current Principal Place of Business:

610 CHEMSTRAND RD.
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

610 CHEMSTRAND RD.
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 36-3984623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAY, BRYCE
Address: 21 KERCHEVAL, SUITE 265
City-St-Zip: GROSSE POINTE FARMS, MI 48236 US

Title: PD () Delete
Name: WALKER, JAMES T
Address: 610 CHEMSTRAND RD.
City-St-Zip: CANTONMENT, FL 32533 US

Title: S () Delete
Name: ORR, ALBERT
Address: 1000 N WATER STREET, SUITE 2100
City-St-Zip: MILWAUKEE, WI 53201 US

Title: CD () Delete
Name: VESSELY, JON
Address: 18 CARNOUSTIE LANE
City-St-Zip: INVERNESS, IL 60067 US

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HARDIN, KENNETH
Address: 4411 MOTTISFONT ABBEY LANE
City-St-Zip: CHARLOTTE, NC 28226

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: JAMES T WALKER

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date