


**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90426 021 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F04000003241</b>		
1. Entity Name NDW TEXTILES, INC.		
Principal Place of Business 932 POINTE SEASIDE CRYSTAL BEACH, FL 34681		Mailing Address P.O. BOX 648 349 CRYSTAL BEACH, FL 34681-0648
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BIRCHER, KAREN W 932 POINTE SEASIDE CRYSTAL BEACH, FL 34681		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ (NOTE: Registered Agent signature required when renouncing) DATE: _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BIRCHER, JAMES A 932 POINTE SEASIDE CRYSTAL BEACH, FL 34681	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIRCHER, KAREN W 932 POINTE SEASIDE CRYSTAL BEACH, FL 34681	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Karen W. Bircher</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/12/06</u> <u>727-781-8700</u> Date Daytime Phone