


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F04000004486 1. Entity Name FABRICA INTERNATIONAL, INC.	
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Principal Place of Business 2801 PULLMAN STREET SANTA ANA, CA 92705	Mailing Address 2208 S HAMILTON ST DALTON, GA 30721
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-2882742	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAPEERE, CRAIG 2801 PULLMAN ST SANTA ANA, CA 92705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARMON, GARY A 2208 S HAMILTON ST DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LASATER, D. EUGENE 2208 S HAMILTON ST DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEIN, STARR T 345-B NOWLIN LANE CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YOUNG, GEOFFREY 736 MARKET STREET SUITE 1100 CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIERSON, DANEIL K 345-B NOWLIN LANE CHATTANOOGA, TN 37421

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04/25/07-80055-018 150.00

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: William Edwards Director of Tax 4/16/07 (706) 876-5837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #