2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000000003

Entity Name
 HOUSE OF THREADS (BIRMINGHAM), INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business 144 INDUSTRIAL DRIVE BIRMINGHAM, AL 35211 Mailing Address

144 INDUSTRIAL DRIVE BIRMINGHAM, AL 35211



DO NOT WRITE IN THIS SPACE

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4. FEI Number
63-1175468
Applied For
Not Applicable

5. Certificate of Status Desired
Fee Required
Fee Required

6. Name and Address of Current Registered Agent

LAVELY, MIKE 1913 FLAGLER STREET TAMPA, FL 33605

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9 The above	named entity submits this statement for the p	urnose of changing its register	ed office or re	raistered agent, or both	in the State of Florida. Lam familiar with	and accept
	ions of registered agent.	or pose or eneriging its register	ea onice or it	gatoreo agont, or con	i, if the diale of Forica. Territarina war,	and decopt
5						
SIGNATURE_						
	Signature, typed or printed name of registered agent and title i	applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
•						_
	E NOW!!! FEE IS \$150.00	9. Election Campaign Finar	noing	\$5.00 May Be		•
After Ma	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees		
10.	OFFICERS AND DIREC	TORS		<u> </u>		
TITLE	Р		1			
NAME	YEILDING, FLETCHER					
STREET ADDRESS	144 INDUSTRIAL DRIVE					
CITY-ST-ZIP	BIRMINGHAM, AL 35211					
TITLE	s		1			
NAME	YEILDING, FOSTER				والمعاون	
STREET ADDRESS	144 INDUSTRIAL DRIVE				<u> </u>	مكامرا ليناسط ك
CITY-ST-ZIP	BIRMINGHAM, AL 35211				04/06/07-80052-021	rou.uu

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12. Thereby 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.

SI	GI	VΔ	TI	1	R	F.

TITLE NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY - ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/07 205 942 4800

Daytime Phone #