



**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

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**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # F07000003459		
1. Entity Name OFFICE FABRICS HOLDING CORP.		
Principal Place of Business 2859 PACES FERRY ROAD SUITE 2000 ATLANTA, GA 30339		Mailing Address 2859 PACES FERRY ROAD SUITE 2000 ATLANTA, GA 30339
2. Principal Place of Business - No P.O. Box # 9 DAK ST.		3. Mailing Address 9 DAK ST.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State GUILFORD, ME.		City & State GUILFORD, ME.
Zip 04443		Country USA
Country USA		Zip 04443
Country USA		Country USA
4. FEI Number 26-0387015		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent
Name		Name
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)
City		City
FL		Zip Code
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 replacing)		
Signature typed or printed name of registered agent and title if applicable.		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DVP	NAME GARFF, MATTHEW	TITLE PRESIDENT
STREET ADDRESS 11111 SANTA MONICA BLVD SUITE 1050	CITY-ST-ZIP LOS ANGELES, CA 90025	NAME CHRISTOPHER RICHARD
CITY-ST-ZIP LOS ANGELES, CA 90025	STREET ADDRESS 5300 CORPORATE GARDEN DR, SE SUITE 350	STREET ADDRESS 5300 CORPORATE GARDEN DR, SE SUITE 350
CITY-ST-ZIP LOS ANGELES, CA 90025	CITY-ST-ZIP GRAND RAPIDS, MI 49512	CITY-ST-ZIP GRAND RAPIDS, MI 49512
TITLE VPAS	NAME HAJDUCH, MARK	TITLE CFD SECRETARY AND TREASURER
STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470	CITY-ST-ZIP BOCA RATON, FL 33486	NAME KIM THOMPSON
CITY-ST-ZIP BOCA RATON, FL 33486	STREET ADDRESS 304 E. MAIN ST.	STREET ADDRESS 304 E. MAIN ST.
CITY-ST-ZIP BOCA RATON, FL 33486	CITY-ST-ZIP ELKIN, NC 28621	CITY-ST-ZIP ELKIN, NC 28621
TITLE DIRECTOR	NAME DAVID FINNEGAN	TITLE DIRECTOR
STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470	CITY-ST-ZIP BOCA RATON, FL 33486	NAME DIXON MCELWEE
CITY-ST-ZIP BOCA RATON, FL 33486	STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470	STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470
CITY-ST-ZIP BOCA RATON, FL 33486	CITY-ST-ZIP BOCA RATON, FL 33486	CITY-ST-ZIP BOCA RATON, FL 33486
TITLE DIRECTOR	NAME DIXON MCELWEE	TITLE DIRECTOR
STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470	CITY-ST-ZIP BOCA RATON, FL 33486	NAME DIXON MCELWEE
CITY-ST-ZIP BOCA RATON, FL 33486	STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470	STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470
CITY-ST-ZIP BOCA RATON, FL 33486	CITY-ST-ZIP BOCA RATON, FL 33486	CITY-ST-ZIP BOCA RATON, FL 33486
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:  Kim Thompson		Date: 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: 336.526.0551

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