


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 22, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # H17979</b> 1. Entity Name <b>INTERCONTINENTAL TEXTILES CORPORATION</b>	
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Principal Place of Business <b>703 AVOCET ROAD SUITE 1208 DELRAY BEACH, FL 33444 US</b>	Mailing Address <b>1121 SOUTH MILITARY TRAIL NO. 377 DEERFIELD BEACH, FL 33442 US</b>
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02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0018058</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KAPLAN, ERIC J. 9200 S DADELAND BLVD STE 619 MIAMI, FL 33156</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000643283 03/01/07-80080-010 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS KAPLAN, ERIC J 9200 S DADELAND BLVD STE 619 MIAMI, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COVINGTON, DEANA L 1121 SQ. MILITARY TRIAL #377 DEERFIELD BEACH, FL 33442</b>
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**DO NOT WRITE  
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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:**  **2/22/07 561-243-9393**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #