
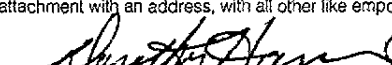


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # H53244 1. Entity Name THEONNE FABRICS, INC.		
Principal Place of Business % THEONNE HARRIS 909 WEST 39TH STREET PANAMA CITY, FL 32405	Mailing Address THEONNE FABRICS INC. P.O. BOX 859 PANAMA CITY, FL 32402	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent HARRIS, THEONNE 909 WEST 39TH STREET PANAMA CITY, FL 32405		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000477249 04/06/06-80044-019 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, THEONNE 909 WEST 39TH STREET PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, GUS 304 FLORIDA AVE. LYNN HAVEN, FL 32444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, DOROTHY 4425 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  DOROTHY HARRIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/20/06 850 769 8321 <small>Date Daytime Phone #</small>