


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90179 003 ***150.00

DOCUMENT # H86823 1. Entity Name AVATARA QUILTING CORP.	
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Principal Place of Business 520 N. DIXIE HWY. HALLANDALE FL 33009 US	Mailing Address 520 SO DIXIE HWY HALLANDALE FL 33009 US
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2. Principal Place of Business 720 S. Southlake Dr Suite, Apt. #, etc. Hollywood FL City & State	3. Mailing Address 720 S Southlake Dr Suite, Apt. #, etc. Hollywood FL City & State
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1st MOORE CR2E034 (10/05)

Zip 33019	Country USA	Zip 33019	Country USA
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4. FEI Number 59-2403607	Applied For <input type="checkbox"/> 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 HEIDEMANN, FRED 520 S DIXIE HWY HALLANDALE FL 33009	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 D <input type="checkbox"/> Delete	NAME HEIDEMANN, FRED STREET ADDRESS 520 SO DIXIE HWY CITY-ST-ZIP HALLANDALE FL
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 Section 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: Fred Heidemann Fred Heidemann 2/22/06 (954) 454 0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #