


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90052 008 ***150.00

DOCUMENT # J27716 1. Entity Name TEXFLORA ENERGY CORPORATION	
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Principal Place of Business 1963 MAGNOLIA DR CLEARWATER, FL 33764 US	Mailing Address 1963 MAGNOLIA DR CLEARWATER, FL 33764 US
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DO NOT WRITE IN THIS SPACE

40005585



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2706568	Applied For 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 WALCZAK <i>please correct spelling</i> WALZCAK, RITA 1963 MAGNOLIA DR CLEARWATER, FL 33764-4793

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	DP WALCZAK <i>please correct spelling</i> WALZCAK, RITA 1963 MAGNOLIA DR. CLEARWATER, FL 33764
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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: <i>Rita Walczak</i> <i>Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>1-19-07</i> <small>Date</small>	Daytime Phone #: <i>727-446-3392</i> <small>Daytime Phone #</small>
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