2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 03, 2007 08:00 AM Secretary of State DOCUMENT # L50366 HENRY'S BEST TEXTURE, INC. Principal Place of Business Mailing Address % HENRY L. ELLENBURG 7530 COMPASS DR % HENRY L. ELLENBURG 7530 COMPASS DR WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-2992441 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ELLENBURG, HENRY L. 7530 COMPASS DR Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 City Zip Code FL 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Infit. ☐ Delete HILL Change Addition ELLENBURG, HENRY, L NAME NAM 7530 COMPASS DR STOLET ADDRESS STREET ADDRESS WINTER PARK FL U00000756852 CHY-SI-ZIP CITY - ST - ZIP 05/23/07-80044-923 150-00 Addition HILE ☐ Delete HILLE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZiP CHY-SI-71P Delete TIFLE ☐ Change Addition NAMI. STREET ADDRESS STREET ADDRESS CDY-ST-ZIE CITY-SI-ZIP 1016 ☐ Delete ☐ Change Addition IMAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-7/P 12. I heroby cortify 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 logal effect as if made under eath; that I am an efficier 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 attackment with an address, with all other like empowered

GNING OFFICER OR DIRECTOR

FILED

4-21-07 407-657-5939