


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000043384 1. Entity Name ALBIN'S TEXTURES, INC.	
---	---

Principal Place of Business 825 HUMPHREY BOULEVARD DELTONA FL 32738 US	Mailing Address 825 HUMPHREY BOULEVARD DELTONA FL 32738 US
--	--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CRZE034 (10/05)

City & State	City & State	4. FEI Number 14-1879934	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**ALBIN, BLAINE
825 HUMPHREY BOULEVARD
DELTONA FL 32738**

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 _____ (NOTE: Registered Agent signature required when transferred)
 Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS										
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">P</td> <td style="width: 70%;">ALBIN, BLAINE</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>825 HUMPHREY BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELTONA FL 32738</td> <td></td> </tr> </table>	P	ALBIN, BLAINE	<input type="checkbox"/> Delete	STREET ADDRESS	825 HUMPHREY BOULEVARD		CITY-ST-ZIP	DELTONA FL 32738	
P	ALBIN, BLAINE	<input type="checkbox"/> Delete								
STREET ADDRESS	825 HUMPHREY BOULEVARD									
CITY-ST-ZIP	DELTONA FL 32738									
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">SEC</td> <td style="width: 70%;">ALBIN, BLAINE</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>825 HUMPHREY BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELTONA FL 32738</td> <td></td> </tr> </table>	SEC	ALBIN, BLAINE	<input type="checkbox"/> Delete	STREET ADDRESS	825 HUMPHREY BOULEVARD		CITY-ST-ZIP	DELTONA FL 32738	
SEC	ALBIN, BLAINE	<input type="checkbox"/> Delete								
STREET ADDRESS	825 HUMPHREY BOULEVARD									
CITY-ST-ZIP	DELTONA FL 32738									
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TREA</td> <td style="width: 70%;">ALBIN, BLAINE</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>825 HUMPHREY BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELTONA FL 32738</td> <td></td> </tr> </table>	TREA	ALBIN, BLAINE	<input type="checkbox"/> Delete	STREET ADDRESS	825 HUMPHREY BOULEVARD		CITY-ST-ZIP	DELTONA FL 32738	
TREA	ALBIN, BLAINE	<input type="checkbox"/> Delete								
STREET ADDRESS	825 HUMPHREY BOULEVARD									
CITY-ST-ZIP	DELTONA FL 32738									
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP		
		<input type="checkbox"/> Delete								
STREET ADDRESS										
CITY-ST-ZIP										
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP		
		<input type="checkbox"/> Delete								
STREET ADDRESS										
CITY-ST-ZIP										
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP		
		<input type="checkbox"/> Delete								
STREET ADDRESS										
CITY-ST-ZIP										

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td style="text-align: center;">100000464153</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td style="text-align: center;">03/21/06-80104-016 150.00</td> <td></td> </tr> </table>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	100000464153		CITY-ST-ZIP	03/21/06-80104-016 150.00	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS	100000464153									
CITY-ST-ZIP	03/21/06-80104-016 150.00									
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS										
CITY-ST-ZIP										
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS										
CITY-ST-ZIP										
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS										
CITY-ST-ZIP										
TITLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
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: *Blaine Albin* 2/28/06 (386)848-2335