2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053337

Entity Name: CENTRAL FLORIDA TEXTURES, INC.

FILED Aug 21, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

31110 RORY LANE 30925 RORY LANE EUSTIS, FL 32736 EUSTIS, FL 32736

Current Mailing Address: New Mailing Address:

 31110 RORY LANE
 30925 RORY LANE

 EUSTIS, FL 32736
 EUSTIS, FL 32736

FEI Number: 71-0947049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODS, NICOLE M
31110 RORY LANE
EUSTIS, FL 32736 US

WOODS, NICOLE M
30925 RORY LANE
EUSTIS, FL 32736 US

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.

SIGNATURE: 08/21/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: WOODS, MATTHEW S Name: WOODS, MATTHEW S

 Name:
 WOODS, MATTHEW S
 Name:
 WOODS, MATTHEW

 Address:
 31110 RORY LANE
 Address:
 30925 RORY LANE

 City-St-Zip:
 EUSTIS, FL 32736
 City-St-Zip:
 EUSTIS, FL 32736

Title: VSD () Delete Title: VSD (X) Change () Addition

 Name:
 WOODS, NICOLE M
 Name:
 WOODS, NICOLE M

 Address:
 31110 RORY LANE
 Address:
 30925 RORY LANE

 City-St-Zip:
 EUSTIS, FL 32736
 City-St-Zip:
 EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE WOODS VP 08/21/2007