


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000049742 1. Entity Name EBONIX CLOTHING COMPANY					
Principal Place of Business 5962 BLOUNTSTOWN HWY. APT. 3 TALLAHASSEE, FL 32310			Mailing Address 5962 BLOUNTSTOWN HWY. APT. 3 TALLAHASSEE, FL 32310		
2. Principal Place of Business 3391 East Lelleshore Drive Suite, Apt. #, etc.		3. Mailing Address 3391 East Lelleshore Drive Suite, Apt. #, etc.			
City & State Tallahassee, Florida		City & State Tallahassee, Florida		4. FEI Number 77-0628148	
Zip 32312		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, ANTONIO 5962 BLOUNTSTOWN HWY. APT. #3 TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name Jerome T. Turner Jr. Street Address (P.O. Box Number is Not Acceptable) 3391 East Lelleshore Drive City Tallahassee FL Zip Code 32312	
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 <u><i>Jerome T. Turner Jr.</i></u> CEO/President DATE 10-27-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILLIAMS, ANTONIO 5962 BLOUNTSTOWN HWY. #3 TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Jerome T. Turner Jr. 3391 East Lelleshore Drive Tallahassee, Florida 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/CIO Karl C. Wentz 3391 East Lelleshore Drive Tallahassee, Florida 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operations Officer Shawnarious Conyers 3391 East Lelleshore Drive Tallahassee, Florida 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	700081592877 11/07/06--01049--016 ***70.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Jerome T. Turner Jr.</i></u>		<u>Jerome T. Turner Jr.</u>		10-27-06	850-284-8996
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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