

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000143535

Entity Name: TEXTURES OF AFRICA USA, INC.

FILED
Oct 17, 2005
Secretary of State

Current Principal Place of Business:

7200 W CAMINO REAL
102
BOCA RATON, FL 33433

New Principal Place of Business:

133 GULF AVENUE
NOKOMIS, FL 34275

Current Mailing Address:

7200 W CAMINO REAL
102
BOCA RATON, FL 33433

New Mailing Address:

133 GULF AVENUE
NOKOMIS, FL 34275

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

US RELOCATION SERVICES, INC.
7200 W. CAMINO REAL
102
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

BOYD, SIOBHAN T MRS
133 GULF AVENUE
NOKOMIS, FL 34275 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: SIOBHAN BOYD

10/17/2005

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:

Title: D () Delete
Name: BOYD, ALISTAIR R
Address: 7200 W CAMINO REAL
City-St-Zip: BOCA RATON, FL 33433

Title: SECY () Delete
Name: SALDSMAN, BRANDON
Address: 7200 W CAMINO REAL
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOYD, ALISTAIR R
Address: 133 GULF AVENUE
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Change () Addition
Name: BOYD, SIOBHAN T MRS
Address: 133 GULF AVENUE
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SIOBHAN BOYD

D

10/17/2005

Electronic Signature of Signing Officer or Director

Date