2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040166

Entity Name: ACRYLIC TEXTURE SERVICES, INC.

FILED Mar 30, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5390 SE 28TH LN APT B 4 ALMOND WAY OCALA, FL 344719433 OCALA, FL 34472

Current Mailing Address: New Mailing Address:

5390 SE 28TH LN APT B 4 ALMOND WAY OCALA, FL 344719433 0CALA, FL 34472

FEI Number: 02-0740517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PORCILLO, FRANK P
5390 SE 28TH LN APT B
0CALA, FL 344719433 US
PORCILLO, FRANK P
4 ALMOND WAY
0CALA, FL 34472 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: FRANK PORCILLO 03/30/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: PORCILLO, FRANK P

 Name:
 PORCILLO, FRANK
 Name:
 PORCILLO, FRANK

 Address:
 5390 SE 28TH LN APT B
 Address:
 4 ALMOND WAY

 City-St-Zip:
 OCALA, FL 344719433
 City-St-Zip:
 OCALA, FL 34472

Title: D () Delete Title: D (X) Change () Addition Name: ANDERSON, JARROD M Name: GARCIA, LAURA M D

 Address:
 124 OAK CIRCLE
 Address:
 4 ALMOND WAY

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34472

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

 Name:
 Name:
 DISIMILE, CHRIS M O

 Address:
 Address:
 1192 NE 130 TERR

 City-St-Zip:
 City-St-Zip:
 SILVER SPRING, FL 34488

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA MARQUEZ GARCIA D 03/30/2006