2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006
Secretary of State

DOCUMENT# P05000082629

Entity Name: COAST TO COAST TEXTILES, INC.

Current Principal Place of Business:

50 ST MARY AVE
MANAHAWKIN, NJ 08050

New Principal Place of Business:

50 ST MARY AVE
MANAHAWKIN, NJ 08050 US

Current Mailing Address:

50 ST MARY AVE
MANAHAWKIN, NJ 08050

New Mailing Address:

50 ST MARY AVE
MANAHAWKIN, NJ 08050 US

FEI Number: 20-2977779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHICK, DAVID L
301 E PINE STREET SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: COHEN, ALAN S PRESIDE
Address: 13969 MAGNOLIA GLEN CIRCLE
City-St-Zip: ORLANDO, FL 32828 US

Title: VP ( ) Change (X) Addition
Name: FIORE, TED T VP
Address: 50 ST MARY AVE
City-St-Zip: MANAHAWKIN, NJ 08050 US

Title: SECR ( ) Change (X) Addition
Name: FACCONE, ANGELA M SECRETA
Address: 50 ST MARY AVE
City-St-Zip: MANAHAWKIN, NJ 08050 US

Title: TREA ( ) Change (X) Addition
Name: COHEN, JENNIFER TREASUR
Address: 13969 MAGNOLIA GLEN DRIVE
City-St-Zip: ORLANDO, FL 32828 US

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: TED T FIORE VP 08/28/2006

Electronic Signature of Signing Officer or Director Date