

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000098292

Entity Name: D.E.B. CUSTOM TEXTURES, INC.

FILED
Oct 18, 2006
Secretary of State

Current Principal Place of Business:

3761 LACHINE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

3761 LACHINE
PORT ST LUCIE, FL 34953 US

Current Mailing Address:

3761 LACHINE
PORT ST LUCIE, FL 34953

New Mailing Address:

3761 LACHINE
PORT ST LUCIE, FL 34953 US

FEI Number: 20-3143289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALLACE, DEBRA AINO
3761 LACHINE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

WALLACE, DEBRA A
3761 LACHINE
PORT ST LUCIE, FL 34953 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: DEBRA A WALLACE

10/18/2006

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: PD () Delete
Name: WILLIAM BERRY, ELERY JESSY
Address: 221 NE BRAZILIAN CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VD (X) Delete
Name: WALLACE, BRUCE
Address: 286 SW BEDFORD ROAD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: STD () Delete
Name: WALLACE, DEBRA AINO
Address: 3761 LACHINE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/V (X) Change () Addition
Name: WALLACE, BRUCE
Address: 286 SW BEDFORD ROAD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: WALLACE, DEBRA A
Address: 3761 LACHINE
City-St-Zip: PORT ST LUCIE, FL 34953

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: BRUCE W WALLACE

P/V

10/18/2006

Electronic Signature of Signing Officer or Director

Date