

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102996

FILED
Jul 10, 2006
Secretary of State

Entity Name: TERRANOVA TEXTURES INC.

Current Principal Place of Business:

519 MICHIGAN AVENUE
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

519 MICHIGAN AVENUE
EUSTIS, FL 32726 US

New Mailing Address:

FEI Number: 20-3210386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUCINSKI, ARLENE
519 MICHIGAN AVENUE
EUSTIS, FL 32726 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: PD () Delete
Name: KRUCINSKI, ARLENE
Address: 519 MICHIGAN AVENUE
City-St-Zip: EUSTIS, FL 32726 US

Title: VPD () Delete
Name: GIANFRANCESCO, TIMOTHY
Address: 519 MICHIGAN AVENUE
City-St-Zip: EUSTIS, FL 32726 US

Title: SD () Delete
Name: TOWNSEND, MICHAEL
Address: 519 MICHIGAN AVENUE
City-St-Zip: EUSTIS, FL 32726 US

Title: TD (X) Delete
Name: SUPPLIES, LEE
Address: 519 MICHIGAN AVENUE
City-St-Zip: EUSTIS, FL 32726 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ARLENE KRUCINSKI

PD

07/10/2006

Electronic Signature of Signing Officer or Director

Date