

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32290

FILED
Jun 19, 2009
Secretary of State

Entity Name: ATLANTIC CONSTRUCTION FABRICS, INC.

Current Principal Place of Business:

2831 CARDWELL ROAD
RICHMOND, VA 23234

New Principal Place of Business:

Current Mailing Address:

2831 CARDWELL ROAD
RICHMOND, VA 23234

New Mailing Address:

FEI Number: 54-1276749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE - SUITE A
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DILORETO, RINALDO J JR
Address: 4420 GOLF RIDGE DRIVE
City-St-Zip: ELKTON, FL 32033

Title: PD () Delete
Name: BROOKS, DAVID M
Address: 3121 BRIARMOOR DROVE
City-St-Zip: MIDLOTHIAN, VA 23113

Title: S () Delete
Name: SMITH, JULIOUS P JR
Address: 4505 COVENTRY ROAD
City-St-Zip: RICHMOND, VA

Title: D () Delete
Name: BROWN, PAUL N
Address: 11570 TETERLING COURT
City-St-Zip: CHESTER, VA 23831

Title: VPD () Delete
Name: HENRY, JOHN
Address: 109 CHEYENE COURT
City-St-Zip: NEWARK, DE 19702

Title: VPTD () Delete
Name: FULLER, TERRI J
Address: 1401 WATER LILY COURT
City-St-Zip: MIDLOTHIAN, VA 23114

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:

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City-St-Zip:

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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 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: TERRI J FULLER

VPTD

06/19/2009

Electronic Signature of Signing Officer or Director

_____ Date