## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000082697

FILED Jan 13, 2007 Secretary of State

Entity Name: TRINITY TEXTURES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3609 COVINGTON DR HOLIDAY, FL 34691 **Current Mailing Address: New Mailing Address:** 3609 COVINGTON DR HOLIDAY, FL 34691 FEI Number: 59-3470070 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: PHILLIPS, JOHN WYMAN, ROBERT J 3609 COVINGTON DR 214 HILLCREST DR. HOLIDAY, FL 34691 SAFTEY HARBOR, FL 34695 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: ROBERT J. WYMAN 01/13/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PHILLIPS, JOHN Name: Name: 3609 COVINGTON DR Address: Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: ( ) Delete Title: Title: () Change () Addition PHILLIPS, MARGARET Name: Name: 3609 COVINGTON DR Address: Address: HOLIDAY, FL 34691 City-St-Zip: 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 Statutés. 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.

Ρ SIGNATURE: JOHN PHILLIPS 01/13/2007