

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082697

Entity Name: TRINITY TEXTURES, INC.

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

3609 COVINGTON DR
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

3609 COVINGTON DR
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 59-3470070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WYMAN, ROBERT J
214 HILLCREST DR.
SAFTEY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

PHILLIPS, JOHN
3609 COVINGTON DR.
HOLIDAY, FL 34691 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: JOHN PHILLIPS

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHILLIPS, JOHN
Address: 3609 COVINGTON DR
City-St-Zip: HOLIDAY, FL 34691

Title: S () Delete
Name: PHILLIPS, MARGARET
Address: 3609 COVINGTON DR
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: PHILLIPS, ANDREA
Address: 3609 COVINGTON DR
City-St-Zip: HOLIDAY, FL 34691

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: JOHN PHILLIPS

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date