

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026695

Entity Name: TOTAL TEXTURES, INC.

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

1312 COMMERCE LANE STE 17B  
JUPITER, FL 33458

## New Principal Place of Business:

## Current Mailing Address:

1312 COMMERCE LANE  
3C  
JUPITER, FL 33458

## New Mailing Address:

FEI Number: 65-0901579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALCOLM, NORMAN L  
9149 SE MYSTIC AVE  
JUPITER, FL 33458 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: PSTD ( ) Delete  
Name: MALCOLM, LOIS J  
Address: 1312 COMMERCE LANE STE 17B  
City-St-Zip: JUPITER, FL 33458

Title: VP ( ) Delete  
Name: MALCOLM, LOIS  
Address: 9149 SE MYSTIC COVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: P ( ) Delete  
Name: MALCOLM, NORMAN  
Address: 9149 SE MYSTIC COVE  
City-St-Zip: HOBE SOUND, FL 33455

## 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:

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: LOIS MALCOLM

VP

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date