

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90206 026 ***150.00

DOCUMENT # P95000044671

1. Entity Name
 THE FABRIC SOURCE, INC.



Principal Place of Business Mailing Address
 9755 US HWY 98 W PO BOX 6548
 DESTIN, FL 32550 US DESTIN, FL 32550 US

2. Principal Place of Business 3. Mailing Address
 382 Golfview DR PO Box 6023
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03302006 Chg-P CR2E034 (11/05)

City & State MIRAMAR Beach, FL City & State MIRAMAR Beach, FL 32550 4. FEI Number 59-3322660 Applied For Not Applicable
 Zip 32550 Country US Zip 32550 Country US 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRIFFITH, GREGORY A
 382 GOLF VIEW DRIVE
 DESTIN, FL 32550

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Gregory A Griffith* (NOTE: Registered Agent signature required when reinstating) DATE: 4/18/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRIFFITH, GREGORY A P O BOX 6548 DESTIN, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 6023 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gregory A Griffith* 4/17/06 850-650-8077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #