


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90101 041 ***150.00

DOCUMENT # P00000112140	
1. Entity Name DESIGN FURNITURE CONSIGNMENT, INC.	

Principal Place of Business 5314 S. FLORIDA AVENUE LAKELAND FL 33813	Mailing Address 5314 S. FLORIDA AVENUE LAKELAND FL 33813
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3691525	<input type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WAKELY, JANICE A 5314 S. AERIDA AVE LAKELAND FL 33813

7. Name and Address of New Registered Agent
Name <u>Wakely, Janice A</u>
Street Address (P.O. Box Number is Not Acceptable)
<u>5314 S. Florida Ave</u>
City <u>Lakeland</u> FL <u>33813</u>

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 _____ (NOTE: Registered Agent signature required when reconstituted) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PTSD	WAKELY, JANICE A
<input type="checkbox"/> Delete	5314 S. FLORIDA AVE
	LAKELAND FL 33813
TITLE	NAME
VP	WALELY, BAILEY
<input type="checkbox"/> Delete	5314 S. FLORIDA AVR
	LAKELAND FL 33813
TITLE	NAME
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Janice Wakely 3/21/07 863.644.5858