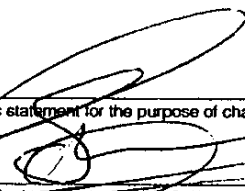
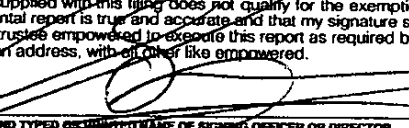


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90002 004 ***558.75

DOCUMENT # P06000093535 1. Entity Name FURNITURE CONSULTANTS, INC.					
Principal Place of Business 805 COTTAGE HILL WAY BRANDON, FL 33511 US			Mailing Address 805 COTTAGE HILL WAY BRANDON, FL 33511 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-5203720	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OSENTON, O. REGINALD 1010 N. FLORIDA AVENUE TAMPA, FL 33602			7. Name and Address of New Registered Agent Name STANLEY CAMERON Street Address (P.O. Box Number is Not Acceptable) 805 COTTAGE HILL WAY BRANDON City FL Zip Code 33511		
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 reinstating) DATE:					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	P CAMERON, STANLEY 805 COTTAGE HILL WAY BRANDON, FL 33511	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CASSIS, RON 805 COTTAGE HILL WAY BRANDON, FL 33511	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 or without like empowered.			SIGNATURE: 		
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		