2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P96000079836

Entity Name: TUXILA HOME ACCENTS, INC.

Current Principal Place of Business:

6602 EXECUTIVE PARK CT. N, #201
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6602 EXECUTIVE PARK CT. N, #201
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3402264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAH, PRASHANT
10385 BIG TREE C E
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

SHAH, PRASHANT
5521 ALDEN BRIDGE DR.
JACKSONVILLE, FL 32258 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: _____ 04/21/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SHAH, PRASHANT
Address: 10385 BIGTREE C E
City-St-Zip: JACKSONVILLE, FL 32257

Title: DV ( ) Delete
Name: SHAH, MANISHA
Address: 10385 BIGTREE C E
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS (X) Delete
Name: PARIKH, HEMANG
Address: 10385 BIGTREE CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32257

Title: DT (X) Delete
Name: PARIKH, SMITA
Address: 10385 BIGTREE CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: SHAH, PRASHANT
Address: 5521 ALDEN BRIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: DVS (X) Change ( ) Addition
Name: SHAH, MANISHA
Address: 5521 ALDEN BRIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32258

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 Section 119.07(3)(i), 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: PRASHANT SHAH DPT 04/21/2005
Electronic Signature of Signing Officer or Director — Date