2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 589326

1. Entity Name

PHAEDRA HOME FURNISHINGS, INC.

Principal Place of Business	Mailing Address
200 W PROSPECT RD FT LAUDERDALE FL 33309	200 W PROSPECT RD FT LAUDERDALE FL 33309

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1855441 Applied F / Not Appl

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEELY, JOHN FRED 200 W PROSPECT RD FORT LAUDERDALE FL 33309	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 ac the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma Added to Fe

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ A
NAME	NEELY, JOHN FREDERICK		NAME	
STREET ADDRESS	2809 NE 5 TERR		STREET ADDRESS	U00000523707
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP	05/03/06-80084-005 150.00
TITLE	VTS	☐ Delete	TITLE	☐ Change ☐ A
NAME	NEELY, JOHN FREDERICK		NAME	
STREET ADDRESS	2809 NE 5 TERR		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 informat 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 dire 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Fred Neely - Pres. 4-17-06 954-565-6974