2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717193

FILED Jan 11, 2008 Secretary of State

Entity Name: FLORIDA HOME FURNISHINGS REPRESENTATIVES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1135 PASADENA AVE., SOUTH, STE#239 ST. PETERSBURG, FL 33707 **Current Mailing Address: New Mailing Address:** 1135 PASADENA AVE., SOUTH, STE#239 ST. PETERSBURG, FL 33707 FEI Number: 59-1456408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAX, BARRY 1135 PASADENA AVE S **STE 110** SAINT PETERSBURG, FL 33707 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GREENBERG, ELAINE Name: Name: 106 LANE EMERALD DR #410 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: Title: () Delete (X) Change () Addition CLEVELAND, CRAIG Name: BARTEN, SCOT Name: Address: PO BOX 0506 Address: 1973 TIMBERLINE ROAD City-St-Zip: MELBOURNE, FL 32902 City-St-Zip: WESTON, FL 33327 Title: () Delete Title: () Change () Addition TAMNEY, VONICA Name: Name: Address: PO BOX 12 Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LAUFER, CAREY Name: 1950-6 N. COMMERCE PARKWAY Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: () Delete Title: () Change () Addition WAX, BARRY, Name: Name: 1135 PASADENA AVENUE S., STE. 110 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: Title: () Delete Title: (X) Change () Addition COSTAR, DAVID GONZALEZ, EDDIE Name: Name: Address: 916 ALAMEDA LANE Address: 17931 SW 35TH ST. JACKSONVILLE, FL 32259 MIRAMAR, FL 33029 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA LEDET E.D. 01/11/2008