



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90090 015 ***150.00

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DOCUMENT # F0000006084						
1. Entity Name EPIC FURNITURE GROUP, INC.						
Principal Place of Business 6301 N.W. 5TH WAY, SUITE 3600 FORT LAUDERDALE, FL 33309			Mailing Address 9387 DIELMAN IND DR SAINT LOUIS, MO 63132			
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 65-1017719		
				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WATTS, R. CRAIG		NAME			
STREET ADDRESS	6301 N.W. 5TH WAY, SUITE 3600		STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BACKER, LEONARD J		NAME			
STREET ADDRESS	6301 N.W. 5TH WAY, SUITE 3600		STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PRICE, ROBERT L		NAME			
STREET ADDRESS	6301 N.W. 5TH WAY, SUITE 3600		STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JACOBS, FRANKLIN A		NAME			
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE		STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63132		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MOSLEY, DAVID L		NAME	S Neal Restivo		
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE		STREET ADDRESS	9387 Dielman Ind Dr		
CITY-ST-ZIP	ST. LOUIS, MO 63132		CITY-ST-ZIP	ST. Louis mo 67132		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	Stephen Cohen		
STREET ADDRESS			STREET ADDRESS	9387 Dielman Ind Dr		
CITY-ST-ZIP			CITY-ST-ZIP	ST. Louis mo 63132		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: 4/29/05		Daytime Phone #: (314) 991-9200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		