


**-2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 - 08:00 AM
Secretary of State

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| DOCUMENT # F00000006259 1. Entity Name FURNITURE FACTORS, INC. |  |
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| Principal Place of Business 2609-D TRACELAND DR TUPELO, MS 38801 | Mailing Address PO BOX 2084 TUPELO, MS 38803-2084 |
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04242008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 64-0757414 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WILSON, PAUL A 4300 BAYOU BLVD., STE 13 PENSACOLA, FL 32503 |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD ROBBINS, KEN 2609 D TRACELAND DR TUPELO, MS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BUTLER, JUDY 2609 D TRACELAND DR TUPELO, MS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DODGE, HENRY PO BOX 1688 TUPELO, MS 38802 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURRUS, SWAN 2509 LAKESHIRE DR. TUPELO, MS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAGE, FRED 5221-A CLIFF GOOKIN BLVD TUPELO, MS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U000000927006 05/20/08-90038-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 all other like empowered.

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| SIGNATURE:  | 04124108 662-680-4600 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |