2010 FOR PROFIT CORPORATION

| ANNUAL REPORT | | | | | | | 34 14 42 1 | ** | | |
|--|-------------|-----------------------|--|--|--|--|--------------------------------|--------|-----------------|--|
| DOCUMENT # F0000006259 1. Entity Name FURNITURE FACTORS, INC. | | | - | | STORY OF THE PROPERTY OF THE P | SECRETARY OF STATE DIVISION OF COPPORATIONS 10 MAY 13 PM 12: 41 | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 2609-D TRACELAND DR | PO BOX 2084 | · · | | | | | | | | |
| TUPELO, MS 38801 TUPELO, MS 38803-208 | | | 084 | | | | | | | |
| | | | | | | II 6819 8811 1851 8811 88 | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 05062010 | Chg-P | CR2E034 | | " 1 | |
| City & State | | City & State | | | 4. FEI Numb | | | | Applicable | |
| Zip C | Country | | Zip Coun | | 5. Certificate | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current R | | egistered Agent | | 7. Name and Address of New Registered Agent Name | | | | | | |
| WILSON, PAUL A | | | | Name | | | | | | |
| 4300 BAYOU BLVD., ST PENSACOLA, FL 3250 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 1 110/1001/1,11 02000 | | | | | | | | | | |
| | | | 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 Signature, typed or printed name of registered agent and late-1 approache (NOTE: Registered Agent signature required when re-instating) DATE | | | | | | | | | | |
| | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010 9. Election Campaign Financing Trust Fund Contribution. \$5 | | | | | 5.00 May Be dded to Fees | In accordance corporation did | | | | |
| 10. OFFICERS AND DIRECTORS 11. | | | | | | /CHANGES TO OFF | | | IN 11 | |
| 2 500.5 | | | TITLE | فينا | i 3 | <mark>800180</mark> 86/10010 | 4739 | 63 | Addition | |
| | | | NAMI STRE | ET ADDRESS | 05/ | 06/10010 | 17007 | **15 | 0.00 | |
| CITY-ST-ZIP TUPELO, MS | | CITY | -ST-ZIP | | | | | | | |
| TITLE S | | ☐ Delete FITL | | | | | | Change | Addition | |
| NAME BUTLER, JUDY STREET ADDRESS 2609 D TRACELAND DR | | NAM SIRE | | E ET ADDRESS | | | | | | |
| TUPELO, MS 3880 | | | | -ST-ZIP | | | | | | |
| TITLE D | D Delete | | | | | | | Change | Addition | |
| NAME DODGE, HEN | | NAMI | E ET ADDRESS | | | | | | | |
| CITY ST ZIP TUPELO, MS 38802 | | | B | - ST-ZIP | | | | | | |
| TITLE D | (- | | TITLE | | | | | Change | Addition | |
| NAME BURRUS, SWAN STREET ADDRESS 2509 LAKESHIRE DR. | | | NAM | E ET ADDRESS | | | | | | |
| TUPELO, MS 38304 | | | | -ST-ZIP | | | | | | |
| INLE D | | | | | | | | Change | Addition | |
| NAME PAGE, FRED | | | | I | | | | | Ì | |
| | | | | ET ADDRESS - ST - ZIP | | | t | | | |
| TITLE | 20001 | ☐ Deleis | TITLE | | | | | Change | Addition | |
| NAME | | | NAM! | E | 1 | / 12 | | | | |
| STREET ADDRESS CITY-ST-ZIP | | ET ADDRESS -ST-ZIP | 12 | 7117 | 110 | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 tive empowered. | | | | | | | | | | |
| SIGNATURE: 10-90 KKOVIII 04-30-10 662-680-4600 | | | | | | | | | | |
| SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Dayline Phone 4 | | | | | | | | | | |

Joseph K. Robbins