


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90001 050 ***150.00

DOCUMENT # F02000004252	
1. Entity Name NATIONWIDE FURNITURE, INC.	

Principal Place of Business 6420 ATLANTIC BLVD., #1300 NORCROSS, GA 30071	Mailing Address 6420 ATLANTIC BLVD., #1300 NORCROSS, GA 30071
---	---

2. Principal Place of Business 6420 Atlantic Blvd Suite, Apt. #, etc. Suite 130 City & State	3. Mailing Address 6420 Atlantic Blvd Suite, Apt. #, etc. Suite 130 City & State
--	--

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
--	--

7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GLUCKSMAN, STEVE 6420 ATLANTIC BLVD., #130 NORCROSS, GA 30071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO Timothy G. Hannon 6420 Atlantic Blvd., #130 NORCROSS, GA 30071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO LIMERI, PETER 6420 ATLANTIC BLVD., #130 NORCROSS, GA 30071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Dixon McElwee 6420 Atlantic Blvd., #130 NORCROSS, GA 30071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEDER, MARC J 6420 ATLANTIC BLVD., #130 NORCROSS, GA 30071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KROUSE, RODGER R 6420 ATLANTIC BLVD., #130 NORCROSS, GA 30071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KREILIEN, DAVE 6420 ATLANTIC BLVD., #130 NORCROSS, GA 30071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, SCOTT 6420 ATLANTIC BLVD., #130 NORCROSS, GA 30071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
---	--

SIGNATURE: 	TIMOTHY G. HANNON	7/5/06	7) 510-5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

50024851



07052006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0440703	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------