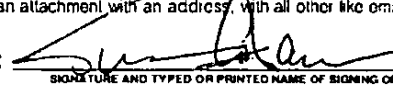


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90011 003 ***150.00

DOCUMENT # F02000004252 1. Entity Name NATIONWIDE FURNITURE, INC.					
Principal Place of Business 6420 ATLANTIC BLVD SUITE 130 NORCROSS GA 30071			Mailing Address 6420 ATLANTIC BLVD SUITE 130 NORCROSS GA 30071		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0440703 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
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 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SCFO HANNON, TIMOTHY G 6420 ATLANTIC BLVD SUITE 130 NORCROSS GA 30071 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEDER, MARC J 6420 ATLANTIC BLVD., #130 NORCROSS GA 30071 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOT V ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KROUSE, RODGER R 6420 ATLANTIC BLVD., #130 NORCROSS GA 30071 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOT V ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCLEWEE, DIXON 6420 ATLANTIC BLVD., #130 NORCROSS GA 30071 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOT V ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KING, SCOTT 6420 ATLANTIC BLVD., #130 NORCROSS GA 30071 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOT V ☒ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1/30/07 770 510-5133					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					