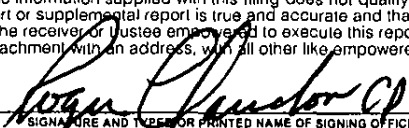


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # F06000005725					
1. Entity Name SOFA GALLERY, INC					
Principal Place of Business 2801 LANDERS AVE SUITE 755 NASHVILLE, TN 37211			Mailing Address P.O. BOX 120306 NASHVILLE, TN 37212		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02162007 Chg-P CR2E034 (12/06) 87-0770967	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JAUDON, ROGER L 422 NE SNEAD CIRCLE AVON PARK, FL 33825				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, 2007 Fee will be \$550.00			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	CP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JAUDON, ROGER L		NAME	U000000764732	
STREET ADDRESS	422 NE SNEAD CIRCLE		STREET ADDRESS	05/31/07-80007-017 150.00	
CITY- ST- ZIP	AVON PARK, FL 33825		CITY- ST- ZIP		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JAUDON, AMY		NAME		
STREET ADDRESS	1795 REYNOLDS RD		STREET ADDRESS		
CITY- ST- ZIP	NASHVILLE, TN 37217		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 			Date 5-18-07 Daytime Phone # 863-385-2324		