2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94646

FILED Apr 24, 2009 Secretary of State

Entity Name: WAYLAN SMITH HOME FURNISHING CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

% WAYLAN D. SMITH 1530 MASON AVENUE

1530 MASON AVE DAYTONA BEACH, FL 321174549

DAYTONA BEACH, FL 321174549

Current Mailing Address: New Mailing Address:

% WAYLAN D. SMITH 1530 MASON AVENUE

1530 MASON AVE DAYTONA BEACH, FL 321174549
DAYTONA BEACH, FL 321174549

FEI Number: 59-2086727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, WAYLAN D. SMITH, WAYLAN D 1530 MASON AVE 1530 MASON AVE

DAYTONA BEACH, FL 32017 US DAYTONA BEACH, FL 32017 US

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.

SIGNATURE: WAYLAN D. SMITH 04/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 SMITH, WAYLAN D.
 Name:
 SMITH, WAYLAN D PD

 Address:
 281 PARRULLI DRIVE
 Address:
 281 PARRULLI DRIVE

Address: 281 PARROLLI DRIVE Address: 281 PARROLLI DRIVE
City-St-Zip: ORMOND BCH., FL 32174

Title: STD () Delete Title: STD (X) Change () Addition Name: SMITH, DINAH R. Name: SMITH, DINAH R STD 281 PARRULLI DRIVE 281 PARRULLI DRIVE Address: Address: ORMOND BCH., FL ORMOND BCH., FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYLAN D. SMITH PRES 04/24/2009