2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90201 036 ***150.00

Principal Place of Business 1800 MOLER RD	1. Entity Name	MENT # F97000000 or furniture of Ohio,										
Suite, Apt. 4, etc.	1800 MOLER RD. 1800 MOLER RD.							1007011	15			
City & State City & State City & State A. F.Et Number A. F.Et Num	Principal Place of Business 3. Mailing Address					!						
20	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04262005	Chg-P	CR2E034	(10/03)		
Signature Reputed agent. Correspond to Service Company 1201 HAYS STREET TALLAHASSEE, FL 32301 8. The above named entity submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Reputed agent. Pute Reputed agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Reputed Agent spower required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Reputed Agent spower required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Reputed Agent spower required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Reputed Agent spower required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Reputed Agent spower required agent, or both, in the State of Florida. I am familiar with, and accept the registered agent. Signature Reputed Agent spower required agent, or both, in the State of Florida. I am familiar with, and accept the registered agent. Signature Reputed Agent spower required agent, or both, in the State of Florida. I am familiar with, and accept the registered agent. Signature Reputed Agent spower required agent, or both, in the State of Florida. I am familiar with, and accept the registered agent. Signature Reputed Agent Spower Reputed Agent spower required agent, or both, in the State of Florida. I am familiar with, and accept the registered agent. Signature Reputed Agent Agent Spower Reputed Agent Spower Reputed Agent Agent Spower Reputed Agent S	City & State	9	City & State				}	 364				
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	try							
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New R	legistered Ag	ent		
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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE VTD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE VTD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE VTD OFFICERS AND DIRECTORS IN 11 INTE VTD OFFICERS AND DIRECTORS IN 11 INTE VTD OFFICERS AND DIRECTORS IN 11 INTE NAME SIRET ADDRESS OTIV-ST-2P COLUMBUS, OH 43207 INTE DC OULY BUS, OH 43207 INTE OULY BUS, OH 4	1201 HAYS STREET											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		AR.	ITONA	BAIN Secry	elary 4/26/05	6069-166-412
(\$	IGNATURE AND TY	PED OR PRINTED NAME C	OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #