


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90052 010 ***150.00

DOCUMENT # F98000000642					
1. Entity Name SOFA EXPRESS, INC.					
Principal Place of Business 4600 S HAMILTON ROAD BOX 130 GROVEPORT, OH 43125			Mailing Address ATTN: ACCOUNTS PAYABLE 4600 S HAMILTON ROAD GROVEPORT, OH 43125 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KALLEFMAN, SCOTT K.		NAME	KAUFFMAN, SCOTT K.	
STREET ADDRESS	4600 S. HAMILTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	GROVEPORT, OH 43125		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRISLEY, PETER O		NAME		
STREET ADDRESS	405 LEWALLEN RD.		STREET ADDRESS		
CITY-ST-ZIP	ASHEBORO, NC 27203		CITY-ST-ZIP		
TITLE	EXEV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERS, ROBERT		NAME		
STREET ADDRESS	4600 S. HAMILTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	GROVEPORT, OH 43125		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, J.B.		NAME		
STREET ADDRESS	4600 S. HAMILTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	GROVEPORT, OH 43125		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PASQUITH, K. SCOTT		NAME		
STREET ADDRESS	4600 S. HAMILTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	GROVEPORT, OH 43125		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: <i>K. Scott Pasquith</i>		K. SCOTT PASQUITH		01-23-06 (614) 836-4800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



01182006 Chg-P CR2E034 (11/05)

4. FEI Number **63-1008786** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL