2006 FOR PROFIT CORPORATION

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Secretary of State **ANNUAL REPORT** 01-17-2006 90245 030 ***150.00 DOCUMENT # F98000005982 1. Entity Name NULAB FURNITURE CORP. **UUUU~UI** Mailing Address Principal Place of Business 11 FEDERAL RD 11 FEDERAL RD MONROE TWP, NJ 08831 US MONROE TWP, NJ 08831 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State 22-3004290 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACOBSON, WILLIAM ESQ. Street Address (P.O. Box Number is Not Acceptable) 105 SO. NARCISSUS AVE., SUTIE 507 WEST PALM BEACH, FL 33401 Zip Code City 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 reinstating) DATÉ \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition Delete TITLE TITLE DITRINGO, FRANCINE 12101 BAMBRIDGE WAY DITRINGO, FRANCINE NAME NAME 206 CURTIS POINT DRIVE STREET ADDRESS STREET ADORESS FREEHOLD, N.J. MANTOLOKING, NJ 08738 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition 🔀 Change ☐ Delete TITLE TITLE DITRINGO, ANTHONY 12101 BAINBRIDGE WAY **DITRINGO, ANTHONTY** NAME NAME STREET ADDRESS STREET ADDRESS 206 CURTIS POINT DRIVE MANTOLOKING, NJ 08738 FREEHOLD, N.J. 07728 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change | Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City+ST-7IP 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

O ANTHONY SITTINGO

FILED Jan 17, 2006 8:00 am