2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# H22178

Entity Name: PALM CASUAL FURNITURE PRODUCTS OF TAMPA, INC.

Current Principal Place of Business:

7008 N. DALE MABRY
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7008 N. DALE MABRY
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-2517493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGEE, JAMES M., ESQ.
226 HILLCREST ST.
ORLANDO, FL 328018243 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DANIEL, MARK
Address: 6509 STONINGTON DR. SO
City-St-Zip: TAMPA, FL

Title: VP ( ) Delete
Name: CROFOOT, KROY
Address: 9903 GIFFEN CT.
City-St-Zip: WINDERMERE, FL

Title: VP ( ) Delete
Name: CROFOOT, FRANCES
Address: 8823 BAY HILL BLVD
City-St-Zip: ORLANDO, FL

Title: S ( ) Delete
Name: MAGNUSON, JAMES
Address: 9884 LAUREL VALLEY DR
City-St-Zip: WINDERMERE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DANIEL, MARK
Address: 6509 STONINGTON DR. SO
City-St-Zip: TAMPA, FL

Title: VP (X) Change ( ) Addition
Name: CROFOOT, KROY
Address: 9903 GIFFEN CT.
City-St-Zip: WINDERMERE, FL

Title: VP (X) Change ( ) Addition
Name: CROFOOT, FRANCES
Address: 8823 BAY HILL BLVD
City-St-Zip: ORLANDO, FL

Title: S (X) Change ( ) Addition
Name: MAGNUSON, JAMES
Address: 9884 LAUREL VALLEY DR
City-St-Zip: WINDERMERE, FL

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: MARK DANIEL P 04/27/2009

Electronic Signature of Signing Officer or Director — Date