2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25378

Entity Name: TRENDS FURNITURE, INC.

FILED Feb 15, 2008 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
| | | |

% S. R. JONES % GLENN, E. JONES, SR. 334 CANAL ST. 334 CANAL ST.

NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

% S. R. JONES % GLENN, E. JONES, SR. 334 CANAL ST 334 CANAL ST.

NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168

FEI Number: 59-2457068 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:

JONES, S. R. JONES, CYNTHIA C DIR 334 CANAL ST. 346 NORTH RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 US EDGEWATER,, FL 32132

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: CYNTHIA C. JONES 02/15/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

PSD

Title: **PSTD** (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Name: JONES, S. R., Name: JONES, GLENN E SR. 2728 SUNSET DR. 346 NORTH RIVERSIDE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL City-St-Zip: EDGEWATER, FL 32132

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

Name: JONES, GLENN E. Name: JONES, STEPHEN R 346 NORTH RIVERSIDE 2728 SUNSET DR. Address: Address:

EDGEWATER, FL NEW SMYRNA BEACH, FL 32168 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition Name: JONES, CYNTHIA C Name: 346 NORTH RIVERSIDE DR Address Address: City-St-Zip: City-St-Zip: EDGEWATER, FL 32132

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: CYNTHIA C. JONES D,RA 02/15/2008