


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # H76013	
1. Entity Name CHRISTINE'S FURNITURE, INC.	

Principal Place of Business 610 INGRAHAM AVENUE HAINES CITY FL 33844	Mailing Address 610 INGRAHAM AVENUE HAINES CITY FL 33844
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc

1st MOORE CR2E034 (10/06)

City & State	City & State
Zip	Country

4. FEI Number 59-2584921	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BAKER, CHRISTINE 100 E. LAKE DR HAINES CITY FL 33844

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution... ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	BAKER, CHRISTINE
<input type="checkbox"/> Delete	106 E. LAKE DR.
	HAINES CITY FL 33844
TITLE	NAME
VD	COTTON, SHEILA
<input type="checkbox"/> Delete	800 GRACE AVENUE
	HAINES CITY FL
TITLE	NAME
STD	BAKER, GARRY
<input type="checkbox"/> Delete	106 E. LAKE DR.
	HAINES CITY FL 33844
TITLE	NAME
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	U00000757884
	05/23/07-80089-016 150.00
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07

863/422-5626