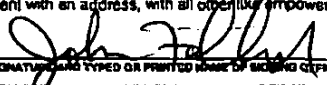


FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90020 022 ***550.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # J23286			
1. Entity Name DESIGN FURNISHINGS, INC.			
Principal Place of Business 2500 DINNEEN AVE, SUITE B ORLANDO, FL 32804		Mailing Address 2500 DINNEEN AVE, SUITE B ORLANDO, FL 32804	
2. Principal Place of Business 3647 All American Blvd Suite, Apt. #, etc.		3. Mailing Address 3647 All American Blvd Suite, Apt. #, etc.	
City & State Orlando FL Zip Country		City & State Orlando, FL Zip Country	
32810 4726		32810 4726	
4. FEI Number 59-2693741		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOLLO, JOHN A 2500 DINNEEN AVE SUITE B ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name John A Follo Street Address (P.O. Box Number is Not Acceptable) 3647 All American Blvd City Orlando FL Zip Code 32810 4726	
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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLLO, JOHN A 2500 DINNEEN AVE STE B ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3647 All American Blvd Orlando, FL 32810-4726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date 7-13-05 Daytime Phone # _____	

John A Follo