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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	Mailing Address
2500 DINNEEN AVE, SUITE B ORLANDO, FL 32804	2500 DINNEEN AVE, SUITE B ORLANDO, FL 32804

01282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3647 All American Blvd	3647 All American Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando, FL
Zip: 32810-4726 Country	Zip: 32810-4726 Country

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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)(i), 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] 7-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John A Follo