2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 18, 2005 08:00 AM Secretary of State DOCUMENT # J54390 STUART STAIR AND FURNITURE MANUFACTURING. Principal Place of Business Mailing Address 3220 SE DOMINICA TERRACE **3220 SE DOMINICA TERRACE** STUART, FL 34997 STUART, FL 34997 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2765410 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWART, ELSIE J. DO NOT WRITE 3220 S.E. DOMINICA TERR. STUART, FL 34997 IN THIS SPACE 3. 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 tale if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STEWART, CARL NAME 3220 S.E. DOMINICA TERR. STREET ADDRESS CITY-ST-ZIP STUART, FL STEWART, ELSIE J. NAME 3220 S.E. DOMINICA TERR. STREET ADDRESS CITY-ST-ZIP STUART, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS