2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2007 08:00 A Secretary of State DOCUMENT # J70601 CONTINENTAL FURNISHINGS, INC. Principal Place of Business Mailing Address 225 EGRET AVE 225 EGRET AVE NAPLES, FL 34108-2163 US NAPLES, FL 34108-2163 US No Chg-P 02192007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0027257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANG, ROBERT D. DO NOT WRITE 225 EGRET AVE NAPLES, FL 34108-2463 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LANG, ROBERT D. U00000652284 STREET ADDRESS 225 EGRET AVE CITY-ST-7IP NAPLES, FL 341082163 03/12/07-80012-010 150.00 TITLE LOPEZ, JORGE M NAME STREET ADDRESS 2831 64TH ST SW CITY-ST-ZIP NAPLES, FL 341057333 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 truetee 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED