


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 018 ***150.00

DOCUMENT # L15942	
1. Entity Name FURNITURE LIQUIDATORS, INC.	

Principal Place of Business 3030 BEACH BOULEVARD JACKSONVILLE, FL 32207 US	Mailing Address 3030 BEACH BOULEVARD JACKSONVILLE, FL 32207 US
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60036309

2. Principal Place of Business - No P.O. Box # 9230 Atlantic Blvd.	3. Mailing Address 11815 N. Main St.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Jacksonville FL	City & State Jacksonville FL
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Zip 32225	Country Duval	Zip 32218	Country Duval
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03142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2969398	Applied For Not Applicable
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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 RUST, ADRIAN 1301 RIVERPLACE BLVD SUITE 1500 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAVRONSKY, AARON 10560 CR 13 N SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTS GAVRONSKY, CHRISTINA 5042 SAN JOSE BLVD. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Aaron Gavronsky <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8050 County Rd 208 St. Augustine FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTS Christina Gavronsky <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1120 Ocean Blvd. Atlantic Beach FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 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: Christina B. Gavronsky 4-9-07 (404) 751-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #