

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24139

FILED
Apr 28, 2006
Secretary of State

Entity Name: ST. LUCIE DISCOUNT FURNITURE, INC.

Current Principal Place of Business:

2822 S US HWY #1, SUITE B-3
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2822 S US HWY #1, SUITE B-3
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-0218905 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAGIN, RICK
2822 S US 1
SUITE B-3
FT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MAGIN, RICK
Address: 3625 SW VINCENNES ST
City-St-Zip: PORT SAINT LUCIE, FL

Title: P () Delete
Name: MAGIN, JOE
Address: 937 SW GWENDOLEN TERR
City-St-Zip: PORT SAINT LUCIE, FL 349531524

Title: S () Delete
Name: SHARON, MAGION
Address: 937 SW GWEUDOLEN TERR
City-St-Zip: PORT SAINT LUCIE, FL 349531524

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM S. THORSEN, CPA

CPA

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date