
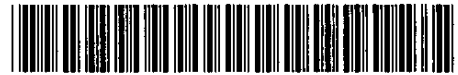


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90081 048 ***150.00

DOCUMENT # L88299		
1. Entity Name CARL'S FURNITURE OF WEST PALM BEACH, INC.		
Principal Place of Business 6650 N. FEDERAL HIGHWAY BOCA RATON FL 33487		Mailing Address 6650 N. FEDERAL HIGHWAY BOCA RATON FL 33487
2. Principal Place of Business 6810 N. State Road 7		3. Mailing Address 6810 N. State Road 7
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Coconut Creek, FL		City & State Coconut Creek, FL
Zip 33073	Country	Zip 33073
Country		Country



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0230260		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KENNEDY, BENJAMIN 399 W. PALMETTO PARK RD., STE. 106 BOCA RATON FL 33432		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P FRIEDMAN, FRED 6650 N. FEDERAL HIGHWAY BOCA RATON FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6810 N. State Road 7 Coconut Creek, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, MYRON 6650 N. FEDERAL HIGHWAY BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6810 N. STATE ROAD 7 COCONUT CREEK, FL 33073 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J BAKER, JEFF 6650 N. FEDERAL HIGHWAY BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6810 N. STATE ROAD 7 COCONUT CREEK, FL 33073 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRAGIN, ROBERT W. 6650 N. FEDERAL HIGHWAY BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6810 N. STATE ROAD 7 COCONUT CREEK, FL 33073 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 Section 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: CARL'S FURNITURE OF WEST PALM BEACH BY [Signature] 2/27/06 954-949-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #