

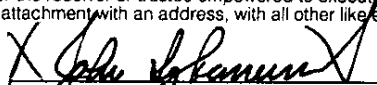
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90167 005 \*\*\*150.00

<b>DOCUMENT # M44234</b> 1. Entity Name <b>AMERICAN UPHOLSTERY, INC.</b>					
Principal Place of Business <b>1874 A DR ANDRES WAY</b> <b>DELRAY BEACH, FL 33445 US</b>			Mailing Address <b>1874 A DR ANDRES WAY</b> <b>DELRAY BEACH, FL 33445 US</b>		
2. Principal Place of Business <b>1874 B Dr. Andres Way</b>		3. Mailing Address <b>1874 B Dr. Andres Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Delray Beach, FL 33445</b>		City & State <b>Delray Beach, FL 33445</b>		4. FEI Number <b>59-2759227</b>	
Zip <b>33445</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SYLVANOVICH, JOHN</b> <b>1874 A SW 2ND ST</b> <b>DELRAY BEACH, FL 33444</b>			7. Name and Address of New Registered Agent Name <b>John Sylvanovich</b> Street Address (P.O. Box Number is Not Acceptable) <b>1874 B Dr. Andres Way</b>  City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33445</b>		
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  <b>John Sylvanovich</b> <span style="float: right;">X <u>January 30, 2006</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SYLVANOVICH, JOHN <input type="checkbox"/> Delete 1874 SW 2ND ST DELRAY BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Sylvanovich 2820 SW 22nd Avenue Delray Beach, FL 33445 <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	
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	
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 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:**  **John Sylvanovich** X 1-30-06 (561)278-0026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #