2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# M96724

Entity Name: FURNITURELAND USA, INC.

Current Principal Place of Business:

2345 N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2345 N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-2907366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODALL, WILLIAM B III
2345 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 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:	C	( ) Delete
Name:	WOODALL, WILLIAM B III	
Address:	2345 N. ORANGE BLOSSOM TRAIL	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	ST	( ) Delete
Name:	WOODALL, FRANCIS	
Address:	2345 N. ORANGE BLOSSOM TRAIL	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	P	( ) Delete
Name:	BYRD, MELVIN L	
Address:	2345 N. ORANGE BLOSSOM TRAIL	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	VP	( ) Delete
Name:	WOODALL, MONICA R	
Address:	2345 N. ORANGE BLOSSOM TRAIL	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	AS	( ) Delete
Name:	WOODALL, MONICA R	
Address:	2345 N. ORANGE BLOSSOM TRAIL	
City-St-Zip:	KISSIMMEE, FL 34744	

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:	
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: MELVIN BYRD P 03/21/2007
Electronic Signature of Signing Officer or Director — Date