

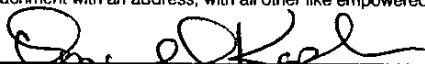


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90244 016 ***150.00

DOCUMENT # P00000006904					
1. Entity Name D.K. WHOLESALE OFFICE FURNITURE, INC.					
Principal Place of Business 1320 STIRLING ROAD 9A DANIA, FL 33004			Mailing Address P.O. 741464 BOYNTON BEACH, FL 33474		
2. Principal Place of Business 3090 Sheridan St Suite, Apt. #, etc. G11		3. Mailing Address Suite, Apt. #, etc.			
City & State Hollywood Fl Zip 33001		City & State Zip Country		4. FEI Number 01042006 Chg-P CR2E034 (11/05) 65-0971562	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KAPLAN, DONALD 1320 STIRLING ROAD 9A DANIA, FL 33004			7. Name and Address of New Registered Agent Name: Donald Kaplan Street Address (P.O. Box Number is Not Acceptable): 9868 Lemonwood Dr Boynton Beach City: Fl Zip Code: 33437		
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: Donald Kaplan (Signature, typed or printed name of registered agent and title if applicable) DATE: 1/10/06 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> KAPLAN, DONALD 9868 LEMONWOOD DR. BOYNTON BEACH, FL 33437	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					