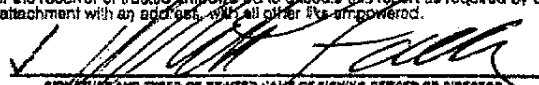


FILED
May 01, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000010547		
1. Entity Name FURNITURE OUTLET, INC.		
Principal Place of Business 5150 COMMERCIAL WAY SPRING HILL, FL 34606		Mailing Address 5150 COMMERCIAL WAY SPRING HILL, FL 34606
DO NOT WRITE IN THIS SPACE		
		
04262006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3646343		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FAVA, MICHAEL 7485 GALLOWAY ROAD BROOKSVILLE, FL 34613		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAVA, MICHAEL 7485 GALLOWAY RD. SPRING HILL, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 filers empowered.		
SIGNATURE: 		UD0000544688 05/11/06-80044-024 150.00 DO NOT WRITE IN THIS SPACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/27/06 CayStis Phone #