FILED
Jan 27, 2006 8:00 am
Secretary of State
01-27-2006 90026 038 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000060230

1. Entity Name
EASY OFFICE FURNITURE CORPORATION

bUUU/U8/

Principal Place of Business	Mailing Address
1488 VICTORIA ISLE DR WESTON, FL 33327 US	1625 NORTH COMMERCE PARKWAY SUITE 315 WESTON, FL 33327
2. Principal Place of Business: 1825 Main Street	3. Mailing Address: 1825 Main Street
Suite, Apt. #, etc.: Office Nº 19	Suite, Apt. #, etc.: Office Nº 19
City & State: Weston, FL	City & State: Weston, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA.

01202006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1038362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TASCON, ANA MARIA
1625 NORTH COMMERCE PARKWAY
315
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name: Tascon Ana Maria
Street Address (P.O. Box Number is Not Acceptable): 1488 Victoria Isle Dr.
City: Weston FL Zip Code: 33327

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] Jan 24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TASCON, ANA MARIA 1488 VICTORIA ISLE DR. WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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] Jan 24/06 9546732504.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #