2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

FILED Jul 26, 2005 08:00 AM Secretary of State **DOCUMENT # P00000069173** 1. Entity Name SOFA GALLERY, S.E., INC. Principal Place of Business Mailing Address 5627 N. DAVIS HWY. 5627 N. DAVIS HWY. PENSACOLA, FL 32503 PENSACOLA, FL 32503 07202005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 25-7508315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAW, MACK W 5627 N. DAVIS HWY. PENSACOLA, FL 32503 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 title if applicable. NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 16. TITLE NAME ELLIS, JULIA STREET ADDRESS 8844 SCENIC HWY. CITY-ST-ZIP PENSACOLA, FL 32514 07/26/05-80003-003 550.m TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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