2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P01000042677

Entity Name: AMERICAN FURNITURE REPAIR, INC.

Current Principal Place of Business:

17518 OSPREGLEN DR
ORLANDO, FL 32820 US

New Principal Place of Business:

18173 THORNHILL GRAND CIRCLE
ORLANDO, FL 32820 US

Current Mailing Address:

1602 TWERTON ST
WINTER SPRINGS, FL 327086113 US

New Mailing Address:

1602 TIVERTON STREET
WINTER SPRINGS, FL 32708 US

FEI Number: 59-3714246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, MANDY
17518 OSPREGLEN DR
ORLANDO, FL 32820 US

Name and Address of New Registered Agent:

ADAMS, MANDY
18173 THORNHILL GRAND CIRCLE
ORLANDO, FL 32820 US

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: MANDOLYN ADAMS 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADAMS, BURTON K
Address: 769 ANDOVER CIRCLE
City-St-Zip: WINTER SPRINGS, FL 327086113

Title: VP ( ) Delete
Name: MANDOLYN, ADAMS
Address: 17518 OSPREGLEN DR
City-St-Zip: ORLANDO, FL 32820

Title: ST ( ) Delete
Name: GIPE, KARLO
Address: 17518 OSPREGLEN DR
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ADAMS, BURTON K
Address: 1602 TIVERTON ST
City-St-Zip: WINTER SPRINGS, FL 327086113

Title: VP (X) Change ( ) Addition
Name: MANDOLYN, ADAMS
Address: 18173 THORNHILL GRAND CIRCLE
City-St-Zip: ORLANDO, FL 32820

Title: ST (X) Change ( ) Addition
Name: GIPE, KARL B
Address: 18173 THORNHILL GRAND CIRCLE
City-St-Zip: ORLANDO, FL 32820

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MANDOLYN ADAMS VP 04/27/2005
Electronic Signature of Signing Officer or Director Date