2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# P01000074928

Entity Name: COMMERCIAL FURNITURE INSTALLATIONS, INC.

Current Principal Place of Business:

266A VILLAS CT. S.
TALLAHASSEE, FL 32303

New Principal Place of Business:

5705 OLD LLOYD ROAD
MONTICELLO, FL 32344

Current Mailing Address:

266A VILLAS CT. S.
TALLAHASSEE, FL 32303

New Mailing Address:

5705 OLD LLOYD ROAD
MONTICELLO, FL 32344

FEI Number: 59-3733272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARMON, THOMAS M
266A VILLAS CT. S.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

HARMON, THOMAS M
5705 OLD LLOYD ROAD
MONTICELLO, FL 32344 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: _____ 04/16/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARMON, LINDA J
Address: 266A VILLAS CT. S.
City-St-Zip: TALLAHASSEE, FL 32303

Title: V ( ) Delete
Name: HARMON, THOMAS M
Address: 266A VILLAS CT. S.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARMON, LINDA J
Address: 5705 OLD LLOYD ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: V (X) Change ( ) Addition
Name: HARMON, THOMAS M
Address: 5705 OLD LLOYD ROAD
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LINDA J. HARMON P 04/16/2007
Electronic Signature of Signing Officer or Director — Date