

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095986

FILED
Apr 11, 2005
Secretary of State

Entity Name: LYNN'S FURNITURE & ACESSORIES INC

Current Principal Place of Business:

3649 NW 19 STREET
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

Current Mailing Address:

3649 NW 19 STREET
LAUDERDALE LAKES, FL 33311

New Mailing Address:

FEI Number: 80-0007572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMSAHAI, MICHELLE
3726 NW 107TH WAY
SUNRRISE, FL 33351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RAMSAHAI, STEVE
Address: 36 W SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: RAMSAHAI, MICHELLE
Address: 36 W SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: RAMSAHAI, LAURA
Address: 36 W SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: RAMSAHAI, STACY
Address: 36 W SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: P () Delete
Name: RAMSAHAI, CORDELLA
Address: 36 WEST SUNRISE BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: RAMSAHAI, STEVE
Address: 36 W SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V (X) Change () Addition
Name: RAMSAHAI, MICHELLE
Address: 36 W SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T (X) Change () Addition
Name: RAMSAHAI, LAURA
Address: 36 W SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S (X) Change () Addition
Name: RAMSAHAI, STACY
Address: 36 W SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE RAMSAHAI

V

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date