2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

I hereby certify that the informati indicated on this report or suppl

SIGNATURE:

of the corporation or the receive if changed, or on an attachmen

an address, with all other like empowered

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # P02000002789 1. Entity Name FURNITURE SALES AGENCY, INC. Principal Place of Business Mailing Address 12910 UPPER COVE DRIVE 12910 UPPER COVE DRIVE WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 80-0028282 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POSTAL, FRANCINE G Street Address (P.O. Box Number is Not Acceptable) 12910 UPPER COVE DRIVE WELLINGTON FL 33414 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accer the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agant and title it applicative (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May n 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addill-☐ Delete THLE U00000402735 /03/06-80020-005 150.00 NAME POSTAL, SHERMAN NAME STREET ADDRESS. STREET ADDRESS 12910 UPPER COVE DRIVE CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Change ☐ Delete TITLE Addish TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change - ∏ Addis TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change Addilia NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition ☐ Delete THE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZP supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

antal 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 trustee empowered to execute this report as required by Chapter 607, Elorida Statutes; and that my name appears in Block 10 or Block 1