2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# P02000016452

Entity Name: ICA FURNITURE INC

Current Principal Place of Business:

271 NW TOSCANE TRAIL
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

5835 NW GERALD CIRCLE
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

271 NW TOSCANE TRAIL
PORT SAINT LUCIE, FL 34986

New Mailing Address:

5835 NW GERALD CIRCLE
PORT SAINT LUCIE, FL 34986

FEI Number: 75-3004124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNICI, RAY
271 NW TOSCANE TRAIL
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

BENNICI, RAY
5835 NW GERALD CIRCLE
PORT SAINT LUCIE, FL 34986 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: 03/27/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BENNICI, RAY
Address: 271 NW TOSCANE TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPSD ( ) Delete
Name: BENNICI, BARBARA
Address: 271 NW TASCANE TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BENNICI, RAY
Address: 5835 NW GERALD CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPSD (X) Change ( ) Addition
Name: BENNICI, BARBARA
Address: 5835 NW GERALD CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify 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: RAY BENNICI PD 03/27/2008
Electronic Signature of Signing Officer or Director — Date