


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000043076

1. Entity Name
EXTREME FURNITURE DESIGN GROUP, INC.



Principal Place of Business
**1243 52ND STREET
 UNIT 4&5
 WEST PALM BEACH, FL 33407**

Mailing Address
**1934 COMMERCE LANE SUITE 2
 JUPITER, FL 33458**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0548547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SELDIN, KEITH A
 1934 COMMERCE LANE SUITE 2
 JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIEMAN, ROBERT 16410 108TH TERRACE N JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSO, FRANK 5075 NW 98 WAY POMPANO BEACH, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIEMAN, DEBRA 16410 108TH TERRACE N JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSO, STACEY 5075 NW 98 WAY POMPANO BEACH, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/03/07-80061-005 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stacey Russo, Treasurer* **STACEY L. RUSSO** 3/24/07 561 841 9701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #