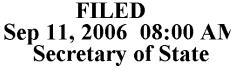
2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P020,00108142 1. Entity Name ORIENTAL HOME DEOCR AND FURNITURES, INC. Principal Place of Business 2183 US 27 N SEBRING, FL 33870 ANNUAL REPORT Mailing Address 2183 US 27 N SEBRING, FL 33870



314-9330

Daytime Phone #





DO NOT WRITE IN THIS SPACE

 09052006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 81-0588078
 Applied For Not Applicable

6. Name and Address of Current Registered Agent

VELMONTE, BENJAMIN 3815 RAMIRO ST SEBRING, FL 33872

SIGNATURE:

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. 1 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 agreature required when reinstating) DATE | | | | | | | |
| FILE NOWILL FEE IS \$150.00 Due by September 15, 2006 9. Election Campaign Finan Trust Fund Contribution. | | | ~ — | \$5:00 May 8e Added to Fees | In accordance with a corporation did not r | ::607.193(2)(b), F.S. eceive the prior notic | , the e. |
| 10. OFFICERS AND DIRECTORS | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP REYES, JONATHAN 604 LEMON ST SEBRING, FL 33870 | | | | <u> </u> | t the transmit | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP SAMSON, ELSY 3801 STRONGFIELD DR ORLANDO, FL 32806 | | | | 09/11/06-8 | 2003-012 300 | .00 |
| THILE NAME STREET ADDRESS CHY-ST-ZIP | DT VILLEGAS, ELISA 810 PICK FARM TERRACE LAKE MARY, FL 32746 | | | DO NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SANTOS-VELMONTE, TERI 3815 RAMIRO STREET SEBRING, FL 33872 | | | IN | THIS SPA | CE | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | DVP VELMONTE, BENJAMIN 3815 RAMIRO STREET SEBRING, FL 33872 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 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. | | | | | | | |

OFFICER OR DIRECTOR