

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90218 018 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                           |                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000132159</b><br>1. Entity Name<br><b>DESIGNER FACTORY SHOWROOM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                           |                                               |  |
| Principal Place of Business<br><b>12816 WATER POINT BLVD.<br/>WINDERMERE, FL 34786</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                                                                                     | Mailing Address<br><b>12816 WATER POINT BLVD.<br/>WINDERMERE, FL 34786</b>                                                                                                                                                                |                                                                                                                                |  |
| 2. Principal Place of Business<br><b>4033 35th ST. N</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | 3. Mailing Address<br><b>Same</b>                                                                                   |                                                                                                                                                                                                                                           | <br><br>04072005    Chg-P    CR2E034 (10/03) |  |
| Suite, Apt. #, etc.<br><b>B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                                                                                                           |                                                                                                                                |  |
| City & State<br><b>ST. PETERSBURG FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | City & State                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                |  |
| Zip<br><b>33714</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | Country<br><b>USA</b>                                                                                               |                                                                                                                                                                                                                                           |                                                                                                                                |  |
| 4. FEI Number<br><b>32-0047590</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                           | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                           |                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>AMERICAN INFORMATION SERVICES, INC.<br/>255 SOUTH ORANGE AVE., STE. 1700<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                                |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                           |                                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                                                                                           |                                                                                                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                     |                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>ABRAMS, LORNE</b><br><b>12816 WATER POINT BLVD.</b><br><b>WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete   |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>ABRAMS, SHARRON</b><br><b>12816 WATER POINT BLVD.</b><br><b>WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                     |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                     |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                     |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                     |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                     | <b>LORNE ABRAMS</b> 04/18/05    727-521-1701                                                                                                                                                                                              |                                                                                                                                |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                           |                                                                                                                                |  |