

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132159

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: DESIGNER FACTORY SHOWROOM, INC.

**Current Principal Place of Business:**

4033 35TH ST N  
B  
SAINT PETERSBURG, FL 33714

**New Principal Place of Business:**

**Current Mailing Address:**

4033 35TH ST N  
SAINT PETERSBURG, FL 33714

**New Mailing Address:**

FEI Number: 32-0047590      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
420 SOUTH ORANGE AVE.  
SUITE 1200  
ORLANDO, FL 328014904 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ABRAMS, LORNE  
Address: 12816 WATER POINT BLVD.  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: ABRAMS, SHARRON  
Address: 12816 WATER POINT BLVD.  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ABRAMS, LORNE  
Address: 16 JEFFERSON CT. S  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: D (X) Change ( ) Addition  
Name: ABRAMS, SHARRON  
Address: 16 JEFFERSON CT. S  
City-St-Zip: ST. PETERSBURG, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the 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: LORNE ABRAMS

D

04/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date