


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90224 025 \*\*\*150.00

<b>DOCUMENT # P03000079012</b> 1. Entity Name UPHOLSTERY INNOVATIONS, INC.					
Principal Place of Business 2200 US HWY 30 NORTH BUILDING 5 PALMETTO, FL 34221			Mailing Address PO BOX 160 ONECO, FL 34264		
2. Principal Place of Business 2200 US Hwy 301 North Suite, Apt. #, etc. Building 2c		3. Mailing Address P.O. Box 2155 Suite, Apt. #, etc.			
City & State Palmetto, FL.		City & State Palmetto, FL.		4. FEI Number 03-0523658	
Zip 34221		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HOWARD, CRYSTAL M 4308 2ND AVENUE NE BRADENTON, FL 34208			7. Name and Address of New Registered Agent Name: Howard Crystal M Street Address (P.O. Box Number is Not Acceptable): 4911 Bay State Road City: Palmetto FL Zip: 34221		
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 obligation of, registered agent. SIGNATURE: <u>Crystal Howard</u> DATE: <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, CRYSTAL M 4308 2ND AVENUE NE BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Howard, Crystal M 4911 Bay State Road Palmetto, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Crystal Howard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/28/06</u> Daytime Phone #: <u>941-729-5001</u>		