2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086818

Entity Name: FURNITURE REPAIR AND ENHANCEMENT EXPERTS INC.

FILED Jun 01, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|-----------------------------|--|-----------------------------------|
| 10410 SW 149TH TERR. MIAMI, FL 33176 | | 20 SW 121 COURT MESTEAD, FL 33032 | |
| Current Mailing Address: | Nev | / Mailing Address: | |
| P.O. BOX 571033 MIAMI, FL 33257 | | | |
| FEI Number: 11-3700994 FEI Number Ap | oplied For () FEI Number N | lot Applicable() | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | |
| POLIUS, ORA A 10410 SW 149TH TERR. MIAMI, FL 33176 US | 2702 | .IUS, ORA A 20 SW 121 COURT. MESTEAD, FL 33032 | US |
| 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: ORA A. POLIUS | | | 06/01/2008 |
| Electronic Signature of | Registered Agent | | Date |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: D () Delete | Title: | D (X) | Change () Addition |

Name: POLIUS, ANTHONY Name: POLIUS, ANTHONY 10410 SW 149TH TERR. Address: 27020 SW 121 COURT Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: HOMESTEAD, FL 33032 Title: () Delete Title: (X) Change () Addition POLIUS, ORA A POLIUS, ORA A Name: Name: Address: 11408 SW 151ST TERR. Address: 27020 SW 121 COURT MIAMI, FL 33176 HOMESTEAD, FL 33032 City-St-Zip: City-St-Zip: Title: () Change () Addition Title: () Delete Name: SMITH, ROXWELL Name: Address: 12990 SW 191ST ST. Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ORA A. POLIUS D 06/01/2008