

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102140

FILED
Apr 13, 2006
Secretary of State

Entity Name: WIMAR FURNITURE MANUFACTURING & SUPPLIES, INC.

Current Principal Place of Business:

2792 MICHIGAN AVE STE 422
KISSIMMEE, FL 34744

New Principal Place of Business:

1923 JOHN HENRY JONES BLVD
KISSIMMEE, FL 34741

Current Mailing Address:

2792 MICHIGAN AVE STE 422
KISSIMMEE, FL 34744

New Mailing Address:

1923 JOHN HENRY JONES BLVD
KISSIMMEE, FL 34741

FEI Number: 13-4265477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALCARCEL, WILLIAM
2792 MICHIGAN AVE STE 422
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

VALCARCEL, WILLIAM
1923 JOHN HENRY JONES BLVD
KISSIMMEE, FL 34741 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: WILLIAM VALCARCEL

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: VALCARCEL, WILLIAM
Address: 2792 MICHIGAN AVE STE 422
City-St-Zip: KISSIMMEE, FL 34744

Title: DPS () Delete
Name: VALCARCEL, WILLIAM
Address: 2792 MICHIGAN AVE STE 422
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: VALCARCEL, WILLIAM
Address: 1923 JOHN HENRY JONES BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: DPS (X) Change () Addition
Name: VALCARCEL, WILLIAM
Address: 1923 JOHN HENRY JONES BLVD
City-St-Zip: KISSIMMEE, FL 34741

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: WILLIAM VALCARCEL

DPS

04/13/2006

Electronic Signature of Signing Officer or Director

Date