2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P04000018647

Entity Name: RENAISSANCE FURNITURE INCORPORATED

Current Principal Place of Business:

499 E. SHUEY AVE.
MACCLENNY, FL 32063

New Principal Place of Business:

5970 COPPER DRIVE
MACCLENNY, FL 32063

Current Mailing Address:

499 E. SHUEY AVE.
MACCLENNY, FL 32063

New Mailing Address:

5970 COPPER DRIVE
MACCLENNY, FL 32063

FEI Number: 20-0675388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, LEWIS W
6817 SOUTHPOINT PKWY
BLDG 18, STE. 1804
JACKSONVILLE, FL 32216 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: LAWSON, C. DAVID
Address: 3334 E. SHENANDOAH DRIVE
City-St-Zip: ORANGE PARK, FL 32206

Title: D ( ) Delete
Name: LAWSON, BRENDA S
Address: 3334 E. SHENANDOAH DRIVE
City-St-Zip: ORANGE PARK, FL 32206

Title: D (X) Delete
Name: LAWSON, DAVID W
Address: 3334 E. SHENANDOAH DRIVE
City-St-Zip: ORANGE PARK, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAWSON, C. DAVID
Address: 5970 COPPER DRIVE
City-St-Zip: MACCLENNY, FL 32063 US

Title: D (X) Change ( ) Addition
Name: LAWSON, BRENDA S
Address: 5970 COPPER DRIVE
City-St-Zip: MACCLENNY, FL 32063 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: C. DAVID LAWSON D 04/20/2006

Electronic Signature of Signing Officer or Director — Date