

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90001 041 \*\*\*150.00

<b>DOCUMENT # P04000031047</b> 1. Entity Name <b>FURNITURE LAYAWAY, INC.</b>					
Principal Place of Business <b>BLAINE H. HIBBERD, P.A.</b> <b>633 SE 3 AVE STE 301</b> <b>FT LAUDERDALE, FL 33301</b>			Mailing Address <b>BLAINE H. HIBBERD, P.A.</b> <b>633 SE 3 AVE STE 301</b> <b>FT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business <b>1299 NW 40th AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1299 NW 40th AVENUE</b> Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">50059760</div>	
City & State <b>LAUDERHILL</b>		City & State <b>LAUDERHILL</b>		4. FEI Number <b>13-4285940</b>	
Zip <b>33313</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HIBBERD, BLAINE H</b> <b>BLAINE H. HIBBERD, P.A.</b> <b>633 SE 3 AVE STE 301</b> <b>FT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name <b>AUDREY TAYLOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1299 NW 40th AVENUE</b> City <b>LAUDERHILL</b> <b>FL</b> Zip Code <b>33313</b>	
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 obligations of registered agent.					
SIGNATURE: <div style="float: right; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small>  <small>DATE</small> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>AUDREY TAYLOR</b> <b>1299 NW 40th AVENUE</b> <b>LAUDERHILL, FL 33313</b>		
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		
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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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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <div style="float: right; text-align: right;"> <small>DATE</small>  <small>Daytime Phone #</small> </div>					