


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90556 032 ***150.00

DOCUMENT # P04000086650	
1. Entity Name MARUCCI'S FURNITURE INC	

Principal Place of Business 1837 C BOUGH AVENUE CLEARWATER, FL 33760	Mailing Address 1837 C BOUGH AVENUE CLEARWATER, FL 33760
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20035852

2. Principal Place of Business 9268 CORTES BLVD Suite, Apt. #, etc.	3. Mailing Address 6235 ANSLEY ST. Suite, Apt. #, etc.
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City & State WEEKI WACHEE, FL	City & State SPRING HILL, FL
Zip 34613	Zip 34606
Country USA	Country USA

04132005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1193808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FREKEY, EDWARD H 6195 FREEPORT DRIVE SPRING HILL, FL 34608	7. Name and Address of New Registered Agent Name EUGENE D. ASHMAN Street Address (P.O. Box Number is Not Acceptable) 1366 PINEHURST DR. SUITE 1366 City SPRING HILL FL Zip Code 34606
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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.

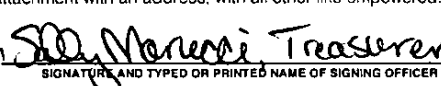
SIGNATURE:  **Eugene D. Ashman** DATE: **4/12/05**

Signature of agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARUCCI, ANTHONY P 1837 C BOUGH AVENUE CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6235 ANSLEY ST. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MARUCCI, SALLY 1837 C BOUGH AVENUE CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6235 ANSLEY ST. SPRING HILL, FL 34606
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
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:  **Sally Marucci** DATE: **4/12/05** DAYTIME PHONE: **852-664-3357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR