

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095469

FILED  
Jun 28, 2005  
Secretary of State

Entity Name: NIELSEN CLASSIC & CONTEMPORARY FURNITURE, INC.

## Current Principal Place of Business:

232 CEDAR PARK CIRCLE  
SARASOTA, FL 34242

## New Principal Place of Business:

1549 STATE STREET  
SARASOTA, FL 34236

## Current Mailing Address:

232 CEDAR PARK CIRCLE  
SARASOTA, FL 34242

## New Mailing Address:

244 SHOPPING AVENUE #367  
SARASOTA, FL 34237

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NIELSEN, KIM  
232 CEDAR PARK CIRCLE  
SARASOTA, FL 34242 US

## Name and Address of New Registered Agent:

NIELSEN, KIM T  
232 CEDAR PARK CIRCLE  
SARASOTA, FL 34242 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: KIM NIELSEN

06/28/2005

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:

Title: P ( ) Delete  
Name: NIELSEN, KAI T  
Address: 232 CEDAR PARK CIRCLE  
City-St-Zip: SARASOTA, FL 34242

Title: VP ( ) Delete  
Name: NIELSEN, OLGA  
Address: 232 CEDAR PARK CIRCLE  
City-St-Zip: SARASOTA, FL 34242

Title: S/T ( ) Delete  
Name: NIELSEN, KIM  
Address: 232 CEDAR PARK CIRCLE  
City-St-Zip: SARASOTA, FL 34242

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CEO (X) Change ( ) Addition  
Name: NIELSEN, KIM  
Address: 232 CEDAR PARK CIRCLE  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIM NIELSEN

CEO

06/28/2005

Electronic Signature of Signing Officer or Director

Date