

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101182

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: LIFESTYLES HOME FURNISHINGS INC.

## Current Principal Place of Business:

1765 TREE BLVD  
SAINT AUGUSTINE, FL 32086 US

## New Principal Place of Business:

1765 TREE BLVD  
SAINT AUGUSTINE, FL 32084 US

## Current Mailing Address:

2150 HWY US1 SOUTH  
SAINT AUGUSTINE, FL 32086 US

## New Mailing Address:

1765 TREE BLVD  
SAINT AUGUSTINE, FL 32084 US

FEI Number: 27-0107164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHATILA, ABRAHAM R  
2150 HWY US1 SOUTH  
SAINT AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

CHATILA, ABRAHAM R  
1765 TREE BLVD  
SAINT AUGUSTINE, FL 32084 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: ABRAHAM CHATILA

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHATILA, ABRAHAM R  
Address: 2150 HWY US1 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: VP ( ) Delete  
Name: CHATILA, ABDUL R  
Address: 2150 HWY US1 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: DR ( ) Delete  
Name: CHATILA, GHADA S  
Address: 2150 HWY US1 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CHATILA, ABRAHAM R  
Address: 1765 TREE BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: VP (X) Change ( ) Addition  
Name: CHATILA, ABDUL R  
Address: 1765 TREE BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: DR (X) Change ( ) Addition  
Name: CHATILA, GHADA S  
Address: 1765 TREE BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

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: ABRAHAM CHATILA

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date