2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 03, 2006 8:00 am Secretary of State 03-03-2006 90108 030 ***150.00

MENT # PU5000036 STOM FURNITURE, INC.					03-03-2000	90100 01	, ,	
e of Business ST STREET IGS, FL 33071				40	053223			,
Principal Place of Business 3. Mailing Address		· · · ·						
Suite, Apt. #, etc. Suite, Apt. #, etc.			.,,,	02162006	Chg-P	CR2E034	4 (11/05)	
City & State City & State				4. FEI Numbe	20-252	3268	8 Ap	plied For t Applicable
Country	Zip	Count	ry	5. Certificate	of Status Desired			
6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Ag	ent	
NOFIL, JOSEPH K PA 3284 N STATE RD 7 LAUDERDALE LAKES, FL 33319		-	Name Street Address (P.O. Box Number is Not Acceptable)					
;			City			FI	Zip Code	
	r the purpose of changing its	registere	d office or regi	stered agent, or both	n, in the State of Flori		miliar with,	and accept
Signature, typed or printed name of registered agent								
	and the nappacable. (NOTE	:: Hegistered	Möeus siğustnise sed	urred when reinstating)		DATE	•	4.4
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	STOM FURNITURE, INC. Be of Business ST STREET GS, FL 33071 ace of Business #. etc. Country 6. Name and Address of Current SEPH K PA ATE RD 7 ALE LAKES, FL 33319 Inamed entity submits this statement for one of registered agent.	STOM FURNITURE, INC. Be of Business ST STREET GS, FL 33071 Bace of Business Busine	STOM FURNITURE, INC. Be of Business ST STREET GS, FL 33071 Bace of Business 3. Mailing Address Boson Street Coral Springs, FL 33071 Bace of Business 3. Mailing Address Business 4. etc. City & State Country City & State Country Country Country ALE LAKES, FL 33319 Inamed entity submits this statement for the purpose of changing its registere ons of registered agent.	STOM FURNITURE, INC. Be of Business ST STREET GS, FL 33071 Bace of Business 3. Mailing Address B522 NW 21ST STREET CORAL SPRINGS, FL 33071 Bace of Business 3. Mailing Address Business 4. etc. City & State Country City & State SEPH K PA ATE RD 7 ALE LAKES, FL 33319 City Inamed entity submits this statement for the purpose of changing its registered office or regions of registered agent.	STOM FURNITURE, INC. a of Business Mailing Address 8522 NW 21ST STREET CORAL SPRINGS, FL 33071 ace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Country Zip Country 5. Certificate of Name and Address of Current Registered Agent Name SEPH K PA ATE RD 7 ALE LAKES, FL 33319 City City named entity submits this statement for the purpose of changing its registered office or registered agent, or bottons of registered agent.	STOM FURNITURE, INC. Be of Business ST STREET B522 NW 21ST STREET CORAL SPRINGS, FL 33071 Bace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Country Tourity Tourity	STOM FURNITURE, INC. Be of Business ST STREET B522 NW 21ST STREET CORAL SPRINGS, FL 33071 Bace of Business B. Mailing Address B522 NW 21ST STREET CORAL SPRINGS, FL 33071 Bace of Business B. Mailing Address B. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Country Street Address of Current Registered Agent Name SEPH K PA ATE RD 7 ALE LAKES, FL 33319 City City FL City City FL City FL City FL City FL City City FL City City FL City City FL City City	STOM FURNITURE, INC. In of Business In STREET B 522 NW 21ST STREET CORAL SPRINGS, FL 33071 Acc of Business In etc. Suite, Apt. #, etc. City & State Country Country Zip Country Touristicate of Status Desired B 8.75 Add Fee Required Touristicate of Status Desired SEPH K PA ATE RD 7 ALE LAKES, FL 33319 City FL City City

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.