

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90364 037 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                     |                                                                                                                                          |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>DOCUMENT # P05000110297</b><br>1. Entity Name<br><b>WILD ABOUT FURNITURE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                                     |                                                                                                                                          |  |  |
| Principal Place of Business<br><b>12859 52ND ROAD NORTH<br/>WEST PALM BEACH, FL 33411</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                     | Mailing Address<br><b>12859 52ND ROAD NORTH<br/>WEST PALM BEACH, FL 33411</b>                                                            |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                       |                                                                                                                                          |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | City & State                                                                                                        |                                                                                                                                          |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                    | Zip                                                                                                                 | Country                                                                                                                                  |  |  |
| 4. FEI Number<br><b>20-3345876</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                                                    |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SIMÓN, SIGALOS &amp; SPYREDES, P.A.<br/>120 EAST PALMETTO PARK ROAD<br/>SUITE 100<br/>BOCA RATON, FL 33432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                                     |                                                                                                                                          |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                          |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>ROMERO, MANUEL<br>12859 52ND ROAD NORTH<br>WEST PALM BEACH, FL 33411  |                                                                                                                     | <input type="checkbox"/> Delete                                                                                                          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>ROMERO, MANUEL<br>12859 52ND ROAD NORTH<br>WEST PALM BEACH, FL 33411 |                                                                                                                     | <input type="checkbox"/> Delete                                                                                                          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>ROMERO, MANUEL<br>12859 52ND ROAD NORTH<br>WEST PALM BEACH, FL 33411  |                                                                                                                     | <input type="checkbox"/> Delete                                                                                                          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>ROMERO, MANUEL<br>12859 52ND ROAD NORTH<br>WEST PALM BEACH, FL 33411  |                                                                                                                     | <input type="checkbox"/> Delete                                                                                                          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                    |                                                                                                                     | <input type="checkbox"/> Delete                                                                                                          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                    |                                                                                                                     | <input type="checkbox"/> Delete                                                                                                          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                    |                                                                                                                     | <input type="checkbox"/> Delete                                                                                                          |  |  |
| 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. |                                                                            |                                                                                                                     |                                                                                                                                          |  |  |
| <b>SIGNATURE:</b> _____ <b>4/12/06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                     |                                                                                                                                          |  |  |