2007 FOR PROFIT CORPORATION

ANNUAL REPORT

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FILED Feb 21, 2007 8:00 am

Secretary of State

02-21-2007 90019 044 ***158.75 1. Entity Name DW BABY LANE FURNITURE, INC. Principal Place of Business Mailing Address LAS VILLAS SHOPPING CENTER LAS VILLAS SHOPPING CENTER 4729 NW 183 STREET 4729 NW 183 STREET MIAMI, FL 33055 MIAMI, FL 33055 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite. Apt. #, etc. 02182007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State <u>68-0633453</u> Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, CARMEN Street Address (P.O. Box Number is Not Acceptable) 13117 SW 49TH COURT MIRAMAR, FL 33027-5539 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ■ Addition ☐ Delete TITLE TITLE WILLIAMS, CARMEN NAME NAME 13117 SW 49TH COURT STREET ADDRESS STREET ADDRESS MIRAMAR, FL 330275539 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THILE JEFFERSON, EDWARD NAME NAME STREET ADDRESS 1806 MILMONT DR. #154 STREET ADDRESS CITY-ST-ZIP City-St-7P MILPITAS, CA 95305 ☐ Change ■ Addition Delete TITLE TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE DHE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED N