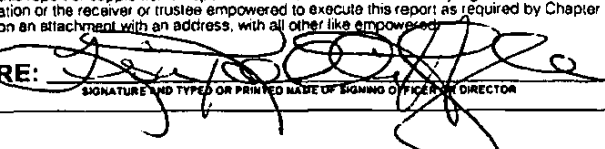


FILED
Mar 10, 2008 8:00 am
Secretary of State

01-18-2008 90006 045 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000088862			
1. Entity Name THE DESIGNERS COLLECTION FURNITURE & ACCESSORIES, INC.			
Principal Place of Business 157 NE 2ND AVE. DELRAY BEACH, FL 33444		Mailing Address 157 NE 2ND AVE. DELRAY BEACH, FL 33444	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 310 SO. FEDERAL HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOYNTON BEACH, FL	
Zip	Country	Zip	Country
33435	USA	33435	USA
4. FEI Number 42-1735951		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDMAN, JOEL H 401 CAMINO GARDENS BLVD. BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HARGROVE, LISA 157 NE 2ND AVE. DELRAY BEACH, FL 33444 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LISA KALLAI-HARGROVE 310 SO. FEDERAL HWY BOYNTON BCH, FL 33435 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		Date: 1/11/08 Daytime Phone: 561-742-2994	