2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078164

Entity Name: FURNITURE EMS CORPORATION

FILED Mar 21, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|----------------------------------|------------------------------------|---|--|
| 5013 WELLINGTON PAR B83 | K CIRCLE | | | |
| ORLANDO, FL 32839 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 5013 WELLINGTON PAR B83 ORLANDO, FL 32839 | K CIRCLE | | | |
| FEI Number: 26-3221233 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| PETERSEN, JOSEPH H 5013 WELLINGTON PAR B73 ORLANDO, FL 32839 U | | | | |
| The above named entity s in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electron | ic Signature of Registered Age | ent | Date | |
| | | | | |
| | | | | |

OFFICERS AND DIRECTORS:

Title:

Name: PETERSEN, JOSEPH H

Address: 5013 WELLINGTON PARK CIRCLE #B73

City-St-Zip: ORLANDO, FL 32839

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH H PETERSEN P 03/21/2012