2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2008 8:00 am Secretary of State **DOCUMENT # P93000052446** 05-02-2008 90121 013 ***150.00 AMERICAN CUSTOM FURNITURE, CORP. Principal Place of Business 3130 pembroke RD 319320 1401 VILLAGE BLUD #217 HallandALE Beach, FL 33009. West your Beach, FL 04102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0426422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORTIZ, NAPOLEON DO NOT WRITE 1401 VICLAGE Blup # 217 Path Beaut, Il 33409 IN THIS SPACE 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 Signature, typed or printed name of registered agent and itile if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ORTIZ, NAPOLEON NAME Moi VILLAGE Blud # 217 West PALL Bench, Fl 332 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN*THIS~SPACE - - - : NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied in the supplied in the composition of the corporation or the received 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: 2

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