## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000033054

FILED Mar 01, 2006 Secretary of State

Entity Name: MID-FLORIDA TEXTILES AND FURNISHIN	NGS, INC.		
Current Principal Place of Business:	New Principal Place o	of Business:	
10602 SATELLITE BLVD ORLANDO, FL 32837			
Current Mailing Address:	New Mailing Address	:	
10602 SATELLITE BLVD ORLANDO, FL 32837			
FEI Number: 59-3256432 FEI Number Applied For() F	El 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:	
DOWMAN, WALTER 10602 SATELLITE BLVD ORLANDO, FL 32837 US			
The above named entity submits this statement for the purp in the State of Florida.	oose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( $$ ).			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: P ( ) Delete	Title: P	(Y) Change ( ) Addition	

(X) Change ( ) Addition DOWMAN, WALTER J DOWMAN, WALTER J Name: Name: 633 NORTH PARK AVE, APT 3A 1500 HARRIS CIRCLE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 Title: () Delete Title: () Change () Addition BUDNIK, RICHARD A Name: Name: Address: 1500 NOTTINGHAM ST Address: ORLANDO, FL 32803 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change ( ) Addition Name: ARWIN, GARY L Name: ARWIN, GARY L

Address: 463 LYTTON CIR Address: 10602 SATELLITE BLVD City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY ARWIN **CFO** 03/01/2006