2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P94000038632 1. Entity Name MEDALLION FURNITURE CORP. Principal Place of Business Mailing Address 800 N.W. 166TH STREET MIAMI FL 33169 800 N.W. 166TH STREET MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEi Number Applied For 65-0492407 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GASS, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 800 N.W. 166TH STREET MIAMI FL 33169 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 Typed or printed name of registered agent and trife if applicable (NOTE Registered Agent signature migurad when re-instating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition ☐ Delete une GASS, ROBERT L NAME NAME U00000527849 05/05/06-80013-021 150.00 STREET ADDRESS BOO N.W. 166TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP Delete TITLE 317) F ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE Delete TITLE. Change ■ Addition NAMS NAME STREET ADDRESS STREET ADDRESS CITY-ST-IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dotete T)7LE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, 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 of changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE:

obert GASS Pres.

FILED

4-15-06 305 626000