2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attach

SIGNATURE:

May 16, 2007 8:00 am Secretary of State DOCUMENT # P95000033597 05-16-2007 90021 009 ***150.00 PACE FURNITURE, INC. Principal Place of Business Mailing Address 4592 CHUMUCKLA HWY 4592 CHUMUCKLA HWY PACE, FL 32571 US PACE, FL 32571 US 04232007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 62-1600729 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CATES, ROBERT DO NOT WRITE 4592 CHUMUCKLA HWY. PACE, FL 32571 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CATES, ROBERT STREET ADDRESS 4936 CEDAR CREEK CITY-ST-7IP PACE, FL 32571 VPST TITLE NAME CATES, BETTY STREET ADDRESS 4936 CEDAR CREEK CITY-ST-ZIP PACE, FL 32571 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CSTY-ST-7IP NAME . STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 receivers trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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