2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000014109

1. Entity Name
UPHOLSTERY CONCEPTS, INC.

Principal Place of Business	Mailing Address
1028 SE 12TH CT. CAPE CORAL, FL 33990	1028 SE 12TH CT. CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

07072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0697439	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

COLLINS, GREGORY A
1028 SE 12TH CT.
CAPE CORAL, FL 33990

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	COLLINS, GREGORY A
STREET ADDRESS	1305 NE 15TH LN.
CITY-ST-ZIP	CAPE CORAL, FL 33909

TITLE	V. P
NAME	COLLINS, GWENDOLYN B
STREET ADDRESS	1305 NE 15TH LN.
CITY-ST-ZIP	CAPE CORAL, FL 33909

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000576129
09/05/06-80010-008 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gregory A. Collins* · Gregory A. Collins   7-7-06   239-574-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #