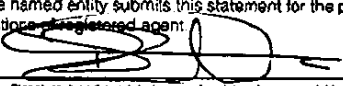
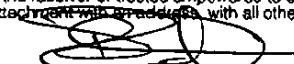


Mar. 6. 2006 3:29PM

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90014 045 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000096750			
1. Entity Name FURNITURE FORUM, INC.			
Principal Place of Business 4421 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409 US		Mailing Address 13343 BURTON TERRACE WELLINGTON, FL 33414	
2. Principal Place of Business 4421 OKEECHOBEE BLVD		3. Mailing Address 4421 OKEECHOBEE BLVD	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State WEST PALM BEACH		City & State WEST PALM BEACH	
Zip FL 33414	Country USA	Zip FL 33414	Country USA
4. FEI Number 65-0707877		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		03082006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BRAHM, JACQUELINE 13343 BURTON TERRACE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name WOHISIRE & ASSOCIATES, PA Street Address (P.O. Box Number is Not Acceptable) 319 CLEMATIS STREET STE 811 City WEST PALM BEACH FL Zip Code FL 33401	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHM, JACQUELINE 13343 BURTON TERRACE WELLINGTON, FL 33414 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAHAM, BARRY 13343 BURTON TERR WELLINGTON, FL 33414 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 my address, with all other like empowered.			
SIGNATURE: 		03-20-06.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	