2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000046651 **FILED** CUSTOM FURNITURE LEASING OF FLORIDA, INC. Jul 09, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address 3122 SHADER ROAD, SUITE A 3122 SHADER ROAD, SUITE A ORLANDO, FL 32808 ORLANDO, FL 32808 07072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3448545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEILEN, TED H DO NOT WRITE 3469 PARKWAY CTR ORLANDO, FL 32808 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 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 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE NAME STEILEN, TED H 3469 PKWY CENTER STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32808 TITLE 07/09/08-80001-032 150.00 NAME STREET ADDRESS CITY-ST-ZIP T!TLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CICMATUDE.

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

Wel.

7/7/2008

(407)292-5822