## FILED Feb 11, 2008 08:00 Al Secretary of State

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCU	MENT # P970000572		7				
Entity Name CONWAY'S HOME FURNISHINGS, INC.							
Principal Place	e of Business	Mailing Address					
8425 US HW Leesburg, F		8425 US HWY 441 Leesburg, FL 34788					
		al a section of the		A.			
				02052008	No Chg-P	CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb	er PPLICABLE	Applied F	
				is -	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	ngistered Agent	19-11/19-10-19-2	e galyz Park	15 国际政策		
CONWAY, DAVID M			100		NATIV		38.75 36.88 %
8425 US HWY 441			7.4		NOT WI	<b>经保护</b> 的公司的 14.000000000000000000000000000000000000	Anna barran Anna barran
LEESBURG, FL 34788				IN:	THIS SP	ACE	
			100				
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							
			ed Agent signature requir	ed when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 - ay 1, 2008 Fee will be \$550.00	Selection Campaign Fina     Trust Fund Contribution.		5.00 May Be ided to Fees			
10.	OFFICERS AND D	IRECTORS			GARETTE IN .		1.56
TITLE NAME							4
STREET ADDRESS	<b>1</b>						
CITY-ST-ZIP	LEESBURG, FL 34788						
TITLE NAME							
STREET ADDRESS			o Marie dan	Color to the State of			11,1
CITY-ST-ZIP			3.55	36.5·电影外的165-	ສະພະສຸສຸສຸດຍບບຕ ເຂົາຮູ້ເ <b>ນິ່ງ</b> ໃນວິການຄວ	U923061	
l			-		# <b>5-</b> 02/ 20/08	0823061 -80022-024 158. 2	15.8
NAME			_				70
STREET ADDRESS CITY-ST-ZIP				DO			12
STREET ADDRESS			_	· 1966年中华大学的特别的	NOT W	RITE	10
STREET ADDRESS CITY-ST-ZIP TITLE NAME			-	· 1966年中华大学的特别的		RITE	
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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 of 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OF DIRECTOR

2-7-08

352-787-8550

Date

Daytime Phone #