2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P98000033201 1. Entity Name PATIO FURNITURE DISTRIBUTORS OUTLET, INC. Principal Place of Business Mailing Address 1904 TIGERTAIL BLVD 1904 TIGERTAIL BLVD DANIA, FL 33004 US #14 DANIA, FL 33004 US No Chg-P CR2E034 (10/03) 02092005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0826276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LABELL, JULIAN DO NOT WRITE 1351 SE 7TH AVE, #106 DANIA, FL 33004 IN THIS SPACE 5. 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. (NOTE Registered Agen) signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LABELL, JULIAN NAME STREET ADDRESS 1351 SE 7TH AVE, #106 CITY-ST-ZIP **DANIA, FL 33004** TITLE 000000311584 04/18/05-80052-004 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), 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 flustree employeded 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #