2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 11, 2006 08:00 AM Secretary of State DOCUMENT # P99000095723 1. Entity Name THE LINENS FACTORY, INC. Principal Place of Business Mailing Address 13393 SOUTHWEST 131ST STREET MIAMI FL 33186 13393 SOUTHWEST 131ST STREET MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0958618 Not Applicable $Z_{i}p$ Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KABA, JAY J 13393 SW 131 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 Zip Code FL 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 primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when senislating) DATE FILE NOW!!! FEE IS \$150.00 9) Election Campaign Financing **\$5.00** Mav Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD mu☐ Dolete TIELE ☐ Change ☐ Addition NAME KABA, JAY J MAME U00000502209 STREET ADDRESS 13393 SOUTHWEST 131ST STREET STREET ADDRESS 04/25/06 90094-023 150.00 CHY-SI-IP MIAMI FL 33186 CITY-ST-ZIP TRILE Delcte. TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP ☐ Delete Change ☐ Addition HILL Tillet NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CSTY-ST-ZSP Defete TITLE ROLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Defete TITLE TITLE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Delete ☐ Addition TITLE HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

4/06 305-378-0241