


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

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| DOCUMENT # F98000005982 1. Entity Name NULAB FURNITURE CORP. |  |
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|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business 11 FEDERAL RD MONROE TWP, NJ 08831 US | Mailing Address 11 FEDERAL RD MONROE TWP, NJ 08831 US |
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01132005 No Chg-P CR2E034 (10/03)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 22-3004290 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JACOBSON, WILLIAM ESQ.
 105 SO. NARCISSUS AVE., SUTIE 507
 WEST PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CT DITRINGO, FRANCINE 206 CURTIS POINT DRIVE MANTOLOKING, NJ 08738 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DITRINGO, ANTHONY 206 CURTIS POINT DRIVE MANTOLOKING, NJ 08738 |
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 11/27/05-80045-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *Anthony Ditringo* *Francine Ditringo* 1/13/05 732-798-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #