

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 568355

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: BEDS, BEDS, BEDS, INC.

**Current Principal Place of Business:**

2927 W NEW HAVEN AVE  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

831 S E 5TH AVENUE  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-1954315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, ROBERT  
831 S.E. 5TH AVE.  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHNSON, ROBERT,  
Address: 831 SE 5TH AVENUE  
City-St-Zip: POMPANO BEACH, FL

Title: SD ( ) Delete  
Name: JOHNSON, SANDRA,  
Address: 831 SE 5TH AVENUE  
City-St-Zip: POMPANO BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT JOHNSON

PRES

04/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date