2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# F02000002114

Entity Name: INTERNATIONAL BEDDING CORPORATION

Current Principal Place of Business:

730 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

6434 NW 5TH WAY
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

730 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

6434 NW 5TH WAY
FORT LAUDERDALE, FL 33309 US

FEI Number: 59-2324762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D (X) Delete
Name: TAYLOR, THOMAS V
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486 US

Title: CEO ( ) Delete
Name: SMITH, TONY R
Address: 730 WEST MCNAB ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D (X) Delete
Name: DONAHOE, MICHAEL P
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486 US

Title: CFOS (X) Delete
Name: PUNAL, FRANCISCO
Address: 730 WEST MCNAB ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: T (X) Delete
Name: WIERSMA, MARCIA
Address: 730 WEST MCNAB ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: CAS ( ) Delete
Name: BADILLO, JOSEPH
Address: 730 WEST MCNAB ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change ( ) Addition
Name: SMITH, TONY R
Address: 6434 NW 5TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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

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

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

Title: D (X) Change ( ) Addition
Name: ALLISON, THOMAS
Address: 6434 NW 5TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

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: THOMAS ALLISON D 04/28/2008
Electronic Signature of Signing Officer or Director Date