2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002114

Entity Name: INTERNATIONAL BEDDING CORPORATION

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
6434 NW 5 FORT LAUI	TH WAY DERDALE, FL 3330	9 US					
Current Mailing Address:			New Mailing Address:				
6434 NW 5TH WAY FORT LAUDERDALE, FL 33309 US							
FEI Number: 59-2324762 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CEO () Delete SMITH, TONY R 6434 NW 5TH WAY FORT LAUDERDALE, F	L 33309 US	Title: Name: Address: City-St-Zip:	P (TONY 6434 NW 5TH FORT LAUDE		· ,	
Title: Name: Address: City-St-Zip:	C () Delete ALLISON, THOMAS 6434 NW 5TH WAY FORT LAUDERDALE, F	L 33309	Title: Name: Address: City-St-Zip:	C (THOMAS 6434 NW 5TH FORT LAUDE			
Title: Name: Address: City-St-Zip:	V () Delete HIGE, DAN 6434 NW 5TH WAY FORT LAUDERDALE, F	L 33309 US	Title: Name: Address: City-St-Zip:	V (DAN 6434 NW 5TH FORT LAUDE		` ,	
Title: Name: Address: City-St-Zip:	CFO () Delete CLARK, MIKE 6434 NW 5TH WAY FORT LAUDERDALE, F	L 33309 US	Title: Name: Address: City-St-Zip:	T (MIKE 6434 NW 5TH FORT LAUDE		· ,	
Title: Name: Address: City-St-Zip:	D () Delete LACKEY, ROBERT E 6434 NW 5TH WAY FORT LAUDERDALE, F	L 33309 US	Title: Name: Address: City-St-Zip:	D (ROBERT 6434 NW 5TH FORT LAUDE		` ,	
Title: Name: Address:	D () Delete MAILLET, JEFFREY W 6434 NW 5TH WAY		Title: Name: Address:	D (JEFFREY 6434 NW 5TH	X) Change	() Addition	

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.

City-St-Zip:

SIGNATURE: MIKE CLARK T 04/17/2009

FORT LAUDERDALE, FL 33309 US

City-St-Zip:

FORT LAUDERDALE, FL 33309 US