

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002106

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: INTERNATIONAL BEDDING GROUP, INC.

## Current Principal Place of Business:

225 NE MIZNER BLVD.  
SUITE 700  
BOCA RATON, FL 33432

## New Principal Place of Business:

6434 NW 5TH WAY  
FT. LAUDERDALE, FL 33309

## Current Mailing Address:

225 NE MIZNER BLVD.  
SUITE 700  
BOCA RATON, FL 33432

## New Mailing Address:

6434 NW 5TH WAY  
FT. LAUDERDALE, FL 33309

FEI Number: 20-2533195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND BLVD  
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: DP ( ) Delete  
Name: BROCKWAY, PETER C  
Address: 225 NE MIZNER BLVD., SUITE 700  
City-St-Zip: BOCA RATON, FL 33432

Title: DVS ( ) Delete  
Name: KLEIN, PETER W  
Address: 225 NE MIZNER BLVD., SUITE 700  
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete  
Name: LITTEN, H RANDALL  
Address: 225 NE MIZNER BLVD., SUITE 700  
City-St-Zip: BOCA RATON, FL 33432

Title: DT (X) Delete  
Name: SHAGRIN, LAWRENCE I  
Address: 225 NE MIZNER BLVD., SUITE 700  
City-St-Zip: BOCA RATON, FL 33432

Title: AS (X) Delete  
Name: ZUR, ARI M  
Address: 225 NE MIZNER BLVD., SUITE 700  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SMITH, TONY C  
Address: 6434 NW 5TH WAY  
City-St-Zip: FT. LAUDERDALE, FL 33309

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

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

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: THOMAS ALLISON

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date