

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000002106

1. Entity Name
INTERNATIONAL BEDDING GROUP, INC.



FILED
08 JUN -3 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6434 NW 5TH WAY
FT. LAUDERDALE, FL 33309

Mailing Address
6434 NW 5TH WAY
FT. LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

05082008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-2533195

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND BLVD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ CEO ☐ Delete
NAME SMITH, TONY R
STREET ADDRESS 6434 NW 5TH WAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☒ C ☐ Delete
NAME ALLSION, THOMAS W
STREET ADDRESS 6434 NW 5TH WAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100131001271
06/05/08--01037--015 **122.50

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Dan Hige
CITY-ST-ZIP 6434 NW 5th Way
FT. Lauderdale, FL 33309

TITLE ☐ Change ☒ Addition
NAME CFO
STREET ADDRESS Mike Clark
CITY-ST-ZIP 6434 NW 5th Way
FT. Lauderdale, FL 33309

TITLE ☐ Change ☒ Addition
NAME Robert E. Lackey
STREET ADDRESS 6434 NW 5th Way
CITY-ST-ZIP FT. Lauderdale, FL 33309

TITLE ☐ Change ☒ Addition
NAME Jeffrey W. Maillet
STREET ADDRESS 6434 NW 5th Way
CITY-ST-ZIP FT. Lauderdale, FL 33309

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Clark, CFO 5-8-08 (954)491-1002

Date

Daytime Phone #