

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004364

FILED
Jan 04, 2008
Secretary of State

Entity Name: FUTURE FOAM CARPET CUSHION CO.

Current Principal Place of Business:

1610 AVENUE N
COUNCIL BLUFFS, IA 51501

New Principal Place of Business:

Current Mailing Address:

1610 AVENUE N
COUNCIL BLUFFS, IA 51501

New Mailing Address:

FEI Number: 42-0836191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 32324 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: C () Delete
Name: SCHNEIDER, CHARLES
Address: 314 SOUTH 6TH STREET
City-St-Zip: OMAHA, NE 68132

Title: PD () Delete
Name: SCHNEIDER, BRUCE
Address: 205 BLANCHARD VIEW DRIVE
City-St-Zip: WHITE FISH, MT 59937

Title: D () Delete
Name: SCHNEIDER, JERRY
Address: 1302 SOUTH 101 STREET, #106
City-St-Zip: OMAHA, NE 68124

Title: VP () Delete
Name: HELLER, ROBERT
Address: 2702 SOUTH 48TH STREET
City-St-Zip: OMAHA, NE 68106

Title: ST () Delete
Name: BLATT, MICHAEL
Address: 1731 NORTH 127 STREET
City-St-Zip: OMAHA, NE 68154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SCHNEIDER, CHARLES
Address: 314 SOUTH 67TH STREET
City-St-Zip: OMAHA, NE 68132

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: () 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: ALAN H. GOODMAN

ACCT

01/04/2008

Electronic Signature of Signing Officer or Director

Date