2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# F29217

Entity Name: BEDFELLOWS, INC.

Current Principal Place of Business:

3425 THOMASVILLE RD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3425 THOMASVILLE RD
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-2086603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DZURIK, ANDREW A
209 LAKE SHORE DRIVE
TALLAHASSEE, FL 32312 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:	TD	( ) Delete
Name:	DZURIK, ANDREW A,	
Address:	209 LAKE SHORE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	PD	( ) Delete
Name:	DZURIK, DIANE L,	
Address:	209 LAKE SHORE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	VSD	( ) Delete
Name:	DAVIS, NANCY M,	
Address:	1202 BETTON ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	BROSCH, GARY L,	
Address:	8205 WOODROSE GLEN WAY	
City-St-Zip:	TAMPA, FL 33647	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DIANE L DZURIK PD 03/30/2006

Electronic Signature of Signing Officer or Director — Date