

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90019 045 \*\*\*150.00

**60020380**



02022006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # G32598</b> 1. Entity Name <b>AMERICAN BEDDING INDUSTRIES, INC.</b>					
Principal Place of Business <b>500 S FALKENBURG ROAD TAMPA, FL 33619 US</b>			Mailing Address <b>500 S FALKENBURG ROAD TAMPA, FL 33619 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2279080</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ANTINORI, STEVEN J 500 S. FALKENBURG RD. TAMPA, FL 33619</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00 May Be</b>  <b>Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANTINORI, SANTINO 4924 ST CROIX DR TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO Steve Russo 500 S Falkenburg Rd Tampa FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANITINORI, LUTRICIA 4924 ST CROIX DR. TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO Ron Luepton 500 S Falkenburg Rd Tampa FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ANTINORI, STEVEN J 500 S. FALKENBURG RD. TAMPA, FL 33619	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANTINORI, ANTHONY J 500 S. FALKENBURG RD TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for additions/changes)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for additions/changes)				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> <b>2/16/06</b>  <small>Date</small> </div> <div> <b>813-651-2233</b>  <small>Daytime Phone #</small> </div> </div>		