


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # H41260 1. Entity Name NIX BEDDING & UPHOLSTERY COMPANY, INC.	
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Principal Place of Business
% KATHLEEN N. CORLEY
709 CELERY AVE.
SANFORD, FL 32771

Mailing Address
% KATHLEEN N. CORLEY
709 CELERY AVE.
SANFORD, FL 32771



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2589278	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORLEY, KATHLEEN
709 CELERY AVE.
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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)

DATE



FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
CORLEY, KAREN
970 LEMON BLUFF ROAD
OSTEEN, FL 32764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
CORLEY, KATHLEEN N.
2540 SANFORD AVE.
SANFORD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

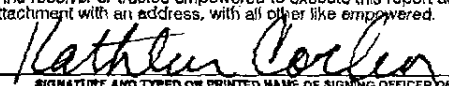
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000517693
05/01/06-80053-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/14/06 407 322 2117
Date Daytime Phone #