## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# H69588

Name:

Address:

City-St-Zip:

FILED Jul 28, 2009 Secretary of State

Entity Name: FACTORY 2ND BEDDING, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
9843 BEAC JACKSON	CH BLVD VILLE, FL 32246	3			
Current Mailing Address:			New Mailing Address:		
831 SE 5TH POMPANC	H AVENUE ) BEACH, FL 33	060			
FEI Number:	59-3065714	FEI Number Applied For()	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
JOHNSON 831 SE 5TH POMPANC		060 US			
The above in the State		omits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () DO JOHNSON, ROBE 831 SE 5TH AVEN POMPANO BEACH	RT UE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DO JOHNSON, SANDI 851 SE 5TH AVE POMPANO BEACH	RA	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	( ) De	elete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition MURCHISON, GLENN 64 JACKSON AVENUE JACKSONVILLE, FL 32082	
Title: Name: Address: City-St-Zip:	( ) Do	elete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition JOHNSON, WESLEY 1231 NE 1ST STREET POMPANO BEACH, FL 33060	
Title:	( ) De	elete	Title:	D ( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

JOHNSON, CHRIS

831 SE 5TH AVENUE POMPANO BEACH, FL 33060

SIGNATURE: ROBERT JOHNSON P 07/28/2009