


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L71054
 1. Entity Name
 FLORIDA BEDDING LIQUIDATORS, INC.



Principal Place of Business Mailing Address
 4807 S. US1 4807 S US 1
 FT. PIERCE, FL 34982 US FT. PIERCE, FL 34982 US

DO NOT WRITE IN THIS SPACE



08232006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0304494 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUHNER, MICHAEL D.
 4807 S. US HWY 1
 FT. PIERCE, FL 34982

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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 \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KUHNER, MICHAEL D.
STREET ADDRESS	4807 S. US HWY 1
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	D
NAME	JOHNSON, JAMES M.
STREET ADDRESS	838 S. CONGRESS AVE
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/29/06-80001-005 550.00

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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: Michael D. Kuhner 8/24/06 (772) 595-0200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #