

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64278

FILED
Apr 20, 2006
Secretary of State

Entity Name: NU-WAVE WATERBEDS OF JACKSONVILLE, INC.

Current Principal Place of Business:

C/O CONTEMPORARY BUSINESS
P O BOX 41285
JACKSONVILLE, FL 32203

New Principal Place of Business:

Current Mailing Address:

C/O CONTEMPORARY BUSINESS
P O BOX 41285
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-2867718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, CLINTON J.
6 BLANDING BLVD
ORANGE PARK, FL 32073 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: P () Delete
Name: QUINN, CLINTON J.,
Address: 2770 HOLLY POINT ROAD WEST
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: QUINN, KIMBERLY L.,
Address: 2770 HOLLY POINT ROAD WEST
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KIMBERLY L. QUINN

SEC

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date