

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91335 013 ***150.00

DOCUMENT # *A00000026181*

1. Entity Name

Smart Bed, Com

2. Principal Place of Business

595 N. Nova Rd

Suite, Apt. #, etc.

#210

City & State

Ormond Beach, Fla

Zip

32174

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3630269

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

JEFF LACOUR

Street Address (P.O. Box Number is Not Acceptable)

595 N. NOVA ROAD

#210

City

Ormond Beach, Fla

Zip Code

32174

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinsuring)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<i>President, Secretary, Treasurer</i>
NAME	<i>JEFF LACOUR</i>
STREET ADDRESS	<i>595 N. Nova Road #210</i>
CITY-ST-ZIP	<i>Ormond Beach, Fla 32174</i>

NAME	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

Jeff Lacour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 *386.676.1004*
DATE DAYTIME PHONE #