## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 23, 2007 08:00 Al Secretary of State DOCUMENT # P00000094522 1. Entity Name MAIN STREET BEDDING, INC. Principal Place of Business Mailing Address 1947 N. MAIN STREET 1947 N. MAIN STREET GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 07242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3676029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEVERLY, PHIL C JR DO NOT WRITE 408 WEST UNIVERSITY AVE SUITE 500 IN THIS SPACE GAINESVILLE, FL 32601-5289 8. The above named entity submits this statement for the gurpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of proisi of dagent SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00  $\Box$ . Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. hu NAMI DOWNING, ALEX M STREET ADDRESS 4731 SW 76TH TERRACE CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE 08/23/07-80003-018 558.75 DOWNING, ALEX STREET ADDRESS 4731 SW 76TH TERRACE GAINESVILLE, FL 32609 City St. 2iP THELE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78 IN THIS SPACE TITLE NAME STREET ADDRESS DITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-71P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davime Prone #

FILED