


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000018549
1. Entity Name
FURNITURE PLUS BED CITY INC.



Principal Place of Business
**3388 W. NEW HAVEN AVE., W.
MELBOURNE, FL 32904**

Mailing Address
**3388 W. NEW HAVEN AVE., W.
MELBOURNE, FL 32904**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1580618

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JENKINS, PAULA
3388 W. NEW HAVEN AVE., W.
MELBOURNE, FL 32904**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JENKINS, PAULA
STREET ADDRESS	3388 W NEW HAVEN AVE.
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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03/27/06-80026-003 150.00

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: Paula K. Jenkins / **PAULA K. JENKINS-3/14/06** (321) 961-4248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #