## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 12, 2007 08:00 A Secretary of State DOCUMENT # P04000068675 1. Entity Name BEDSPREAD ASSOCIATES, INC Mailing Address Principal Place of Business **4788 HIBBS GROVE TERRACE** 790 W 26 ST HIALEAH, FL 33010 US COOPER CITY, FL 33330 DO NOT WRITE IN THIS SPAC No Chg-P 01282007 CR2E034 (11/05) 4. FE! Number Applied For 20-1081354 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WEINER, JACK 4788 HIBBS GROVE TERRACE COOPER CITY, FL 33330 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JACK, WEINER NAME STREET ADDRESS 4788 HIBBS GROVE TERRACE U00000631098 COOPER CITY, FL 33330 CITY-ST-ZIP 02/20/07-80033-019 150.00 HHF WEITZ, EDWARD NAME STREET ADDRESS 790 W 26 ST HIALEAH, FL 33010 CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 growered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAM SIGNING OFFICER OR DIRECTOR

**FILED**