


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90335 039 \*\*\*150.00

DOCUMENT # P04000124166			
1. Entity Name BEDDING & FURNITURE DISCOUNTERS, INC.			
Principal Place of Business 6387 W. COLONIAL DRIVE ORLANDO, FL 32818		Mailing Address 6387 W. COLONIAL DRIVE ORLANDO, FL 32818	
2. Principal Place of Business - No P.O. Box # <i>6150 OLD WINTER GARDEN RD.</i>		3. Mailing Address <i>6150 OLD WINTER GARDEN RD.</i>	
Suite, Apt. #, etc. <i>G</i>		Suite, Apt. #, etc. <i>G</i>	
City & State <i>ORLANDO, FL</i>		City & State <i>ORLANDO, FL</i>	
Zip <i>32835</i>	Country <i>ORANGE</i>	Zip <i>32835</i>	Country <i>ORANGE</i>
4. FEI Number 14-1914429		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, MICHAEL V 6387 W. COLONIAL DRIVE ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, MICHAEL V 6387 W. COLONIAL DRIVE ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P PEREZ, MICHAEL V</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6150 OLD WINTER GARDEN RD. #G</i> <i>ORLANDO, FL 32835</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael V. Perez</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>MICHAEL V. PEREZ</i>	
		Date: <i>4-19-08</i> Daytime Phone #: <i>407-293-4955</i>	