2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 21, 2006 8:00 am DOCUMENT # P05000068546 **Secretary of State** 1. Entity Name 06-21-2006 90002 001 ***150.00 JOEUN THERMOBED, INC. Principal Place of Business Mailing Address 5909 SE FEDERAL HWY. STUART FL 34997 5909 SE FEDERAL HWY. STUART FL 34997 2. Principal Place of Business 3. Mailing Address 6390W. Indiantown Ro 6390 WIndiantowaRd Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 35989 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUGK, JEANNETTÉ ₹ 5909 SE FEDERAL HWY. STUART FL 34997 Street Address (P.O. Box Number is Not Acceptable) 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D TITLE Change Delete Addition NAME HAUGK, JEANNETTE R NAME STREET ADDRESS 5909 SÉ FEDERAL HWY. STREET ADDRESS CITY-ST-7IP STUART FL 34997 CITY-ST-ZIP President Change RAddin Lisa A. Haugk 6390 W Indiantown Rd Ste SY TUT? F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Jupiter Fl 33458 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Jeannette Khaugk Senature and Typed on Printed Name of Signature and Typed on Printed Name of Signal Officer or director

FILED



ATTACHMENT 40096500

Please change address was mailed to wrong place.

Thank you Scantablar PB5000068546