2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # P05000119299** 04-27-2006 90207 018 ***150.00 BEDROOMS TO GO INC. Mailing Address Principal Place of Business 3901 W. WATERS AVE. 3901 W. WATERS AVE. TAMPA, FL 33614 TAMPA, FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02122006 Applied For City & State City & State Not Applicable \$8.75 Additional Country Country Zlp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jerr Stethem SARVER, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 3901 W. WATERS AVE. **TAMPA, FL 33614** 3614 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. Stahun eny Signature, typied or printed name of registered agent and title if applica \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ... Delete TITLE Form Stothom NAME w. waspes Avr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME 3901 W. Wasers 401 -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete RTLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P TITLE TITLE ☐ Channe ■ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered. Jerry Stethen SIGNATURE:

FILED