

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162717

FILED
May 01, 2006
Secretary of State

Entity Name: BED BUGS BEDDING COMPANY

Current Principal Place of Business:

1801 SOUTH TREASURE DRIVE, APT 117
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

1801 SOUTH TREASURE DRIVE, APT 117
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

PADILLA, MYRNA L DPT
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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.

SIGNATURE: MYRNA L PADILLA

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: PADILLA, MYRNA
Address: 1801 SOUTH TREASURE DRIVE, APT 117
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: DVS () Delete
Name: STRYPKO, SANDRA
Address: 1801 SOUTH TREASURE DRIVE, APT 117
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRNA L PADILLA

DPT

05/01/2006

Electronic Signature of Signing Officer or Director

Date