

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000107991

FILED
Jan 10, 2007
Secretary of State

Entity Name: FAMILY MATTRESS & FURNITURE STORES INC.

Current Principal Place of Business:

8912 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

8912 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

New Mailing Address:

10331 CYPRESS KNEE CIR
ORLANDO, FL 32825

FEI Number: 36-4592218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, HELGA KARINA
8912 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

WONDISFORD, DALE
10331 CYPRESS KNEE CIR
ORLANDO, FL 32825 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: DALE WONDISFORD

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WOOD, DENNIS W
Address: 8912 N. MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP (X) Delete
Name: MENDOZA, HELGA KARINA
Address: 8912 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SECR (X) Delete
Name: WONDISFORD, DALE
Address: 8912 N. MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TREA (X) Delete
Name: MIRANDA, DAVIS
Address: 8912 N. MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change () Addition
Name: WONDISFORD, DALE
Address: 10331 CYPRESS KNEE CIR
City-St-Zip: ORLANDO, FL 32825 US

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

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: DALE WONDISFORD

PDTS

01/10/2007

Electronic Signature of Signing Officer or Director

Date