
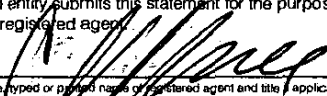
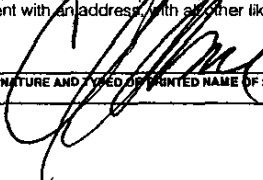


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90006 002 \*\*\*150.00

<b>DOCUMENT # P98000043360</b>			
1. Entity Name <b>B.E.D., INC.</b>			
Principal Place of Business <b>36468 EMERALD COAST PKWY 6101 DESTIN, FL 32541</b>		Mailing Address <b>PO BOX 309 FT. WALTON BEACH, FL 32549</b>	
2. Principal Place of Business <b>34990 Emerald Coast Pkwy</b> Suite, Apt. #, etc. <b>Suite 401</b> City & State <b>Destin, FL</b> Zip <b>32541</b> Country <b>U.S.</b>		3. Mailing Address <b>34990 Emerald Coast Pkwy.</b> Suite, Apt. #, etc. <b>Suite 401</b> City & State <b>Destin, FL</b> Zip <b>32541</b> Country <b>U.S.</b>	
4. FEI Number <b>59-3539723</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KRUSE, CRAIG J 36468 EMERALD COAST PKWY. #6101 DESTIN, FL 32541</b>		7. Name and Address of New Registered Agent Name <b>Craig J. Kruse</b> Street Address (P.O. Box Number is Not Acceptable) <b>34990 Emerald Coast Pkwy.</b> <b>Suite 401</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>	
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: 		DATE: <b>1/28/04</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KRUSE, CRAIG J</b> <b>36468 EMERALD COAST PKWY. #601</b> <b>DESTIN, FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Craig J. Kruse</b> <b>34990 Emerald Coast Pkwy. Suite 401</b> <b>Destin, Florida 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MEYER, F. SCOTT</b> <b>19 BAYSHORE</b> <b>SHALIMAR, FL 32579</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.			
SIGNATURE: 		DATE: <b>1/28/04</b> 850-269-1212	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	