

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90104 042 ***150.00

DOCUMENT # F01000003988
 1. Entity Name
 NORTH AMERICAN BEDDING COMPANY



Principal Place of Business: ONE OFFICE PARKWAY TRINITY, NC 27370
 Mailing Address: ONE OFFICE PARKWAY TRINITY, NC 27370

90101000

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



04112007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number: 34-1449446
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCILQUHAM, DAVID J	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	VD	<input checked="" type="checkbox"/> Delete ✓
NAME	HIRSHORN, JAMES B	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, KENNETH L	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLAYPOOL, JEFFERY C	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHERMAN, DAVID V	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOEHMER, MARK D.	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: DAVID V. SHERMAN 4-25-07 (936) 861-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/State/Phone #