


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State


04-13-2007 90187 038 ***150.00

DOCUMENT # F02000005609	
1. Entity Name MATTRESS FIRM, INC.	

Principal Place of Business 5815 GULF FREEWAY HOUSTON, TX 77023	Mailing Address 5815 GULF FREEWAY HOUSTON, TX 77023
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60050600



01162007 Chg-P CR2E034 (12/06)

4. FEI Number 76-0596008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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.

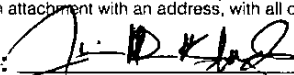
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KROUSE, RODGER R			NAME	R. Stephen Stagner		
STREET ADDRESS	5200 TOWN CENTER CIRCLE			STREET ADDRESS	5815 Gulf Freeway		
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	Houston, TX 77023		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEDER, MARC J			NAME			
STREET ADDRESS	5200 TOWN CENTER CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRY, CLARENCE E			NAME			
STREET ADDRESS	5815 GULF FREEWAY			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77023			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLEBAN, DAVID J			NAME			
STREET ADDRESS	5200 TOWN CENTER CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAZIO, GARY			NAME			
STREET ADDRESS	5815 GULF FREEWAY			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77023			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	Treasurer and Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACK, JIM			NAME			
STREET ADDRESS	5815 GULF FREEWAY			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77023			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:  **Jim Black** **04-05-07** **713-923-1090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #