


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004051 1. Entity Name TEMPUR-PEDIC RETAIL, INC.	
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Principal Place of Business 1713 JAGGIE FOX WAY LEXINGTON, KY 40511	Mailing Address 1713 JAGGIE FOX WAY LEXINGTON, KY 40511
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0798531	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000359442 05/04/05-80155-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, H. TOM 3145 BRIGHTON PLACE DR. LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DALE E 2284 SAVANNAH LANE LEXINGTON, KY 40513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROYLES, JASON P 37 PLANTATION DR SHELBYVILLE, KY 40065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOGG, DAVID C 3085 PARIS RD LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS BROYLES, JASON P 37 PLANTATION DR. SHELBYVILLE, KY 40065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Jason P. Broyles	4.25.05	859-259-0754
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>