2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004051

Entity Name: TEMPUR-PEDIC RETAIL, INC.

FILED Apr 24, 2006 Secretary of State

Littly Nai	ille. ILIVIFOR	-PEDIC RETAIL, INC.			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:	
	GIE FOX WAY DN, KY 40511				
Current Mailing Address:			New Maili	New Mailing Address:	
	GIE FOX WAY DN, KY 40511				
FEI Number	: 20-0798531	FEI Number Applied For () FEI	Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD			
	named entity e of Florida.	submits this statement for the purpos	e of changing	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Agent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (BRYANT, H. TO 3145 BRIGHTO LEXINGTON, K	N PLACE DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BRYANT, H T 1713 JAGGIE FOX WAY LEXINGTON, KY 40511	
Title: Name: Address: City-St-Zip:	D () WILLIAMS, DA 2284 SAVANNA LEXINGTON, K	H LANE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WILLIAMS, DALE E 1713 JAGGIE FOX WAY LEXINGTON, KY 40511	
Title: Name: Address: City-St-Zip:	D (BROYLES, JAS 37 PLANTATIO SHELBYVILLE	N DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BROYLES, JASON P 1713 JAGGIE FOX WAY LEXINGTON, KY 40511	
Title: Name: Address: City-St-Zip:	P (FOGG, DAVID 3085 PARIS RI LEXINGTON, K)	Title: Name: Address: City-St-Zip:	P (X) Change () Addition HENNING, ROBERT C 1713 JAGGIE FOX WAY LEXINGTON, KY 40511	
Title: Name: Address: City-St-Zip:	CEOS (BROYLES, JAS 37 PLANTATIO SHELBYVILLE	N DR.	Title: Name: Address: City-St-Zip:	CFOS (X) Change () Addition BROYLES, JASON P 1713 JAGGIE FOX WAY LEXINGTON, KY 40511	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	TREA () Change (X) Addition POCHE, WILLIAM H 1713 JAGGIE FOX WAY LEXINGTON, KY 40511	

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: JASON P. BROYLES CFO 04/24/2006