2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000000847

Entity Name: CONSOLIDATED BEDDING, INC

FILED Oct 12, 2006 Secretary of State

y		LIB/(TEB BEBBING, IIVO.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
500 S. FAL TAMPA, FI	KENBURG R L 33619	OAD			
Current Mailing Address:			New Maili	New Mailing Address:	
500 S. FAL TAMPA, FI	KENBURG R L 33619	OAD			
FEI Number:	20-1993182	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS		CE COMPANY 012525 US			
	named entity e of Florida.	submits this statement for the p	urpose of changing	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COO (RUSSO, STEV 500 S. FALKE TAMPA, FL 33	NBURG ROAD	Title: Name: Address: City-St-Zip:	COO (X) Change () Addition MARTIN, KEVIN 500 S. FALKENBURG ROAD TAMPA, FL 33619	
Title: Name: Address: City-St-Zip:	CFO (ANTINORI, ST 500 S. FALKEI TAMPA, FL 33	NBURG ROAD	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition ANTINORI, STEVEN 500 S. FALKENBURG ROAD TAMPA, FL 33619	
Title: Name: Address: City-St-Zip:	VPS (BAIRD, JOHN 500 S. FALKEI TAMPA, FL 33		Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition BAIRD, JOHN 500 S. FALKENBURG ROAD TAMPA, FL 33619	
Title: Name: Address: City-St-Zip:	BLACK, JOHN) Delete N STREET, SUITE 203 02116	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CORNETTA, P	N STREET, 11TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	CFO () Change (X) Addition LUEPTOW, RONALD S 500 S. FALKENBURG ROAD TAMPA, FL 33619	

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: RONALD S. LUEPTOW CFO 10/12/2006