2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# F08000001712

Entity Name: CORSICANA BEDDING, INC.

Current Principal Place of Business:

2700 E HWY 31
CORSICANA, TX 75110

New Principal Place of Business:

Current Mailing Address:

PO BOX 1050
CORSICANA, TX 75151

New Mailing Address:

FEI Number: 75-1372613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBB, KIM
450 POLK STREET
BARTOW, FL 338303749 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORAN, CARROLL
Address: PO BOX 1050
City-St-Zip: CORSICANA, TX 75151

Title: V ( ) Delete
Name: WRIGHT, JAMES
Address: PO BOX 1050
City-St-Zip: CORSICANA, TX 75151

Title: V ( ) Delete
Name: GRANT, CHAD
Address: PO BOX 1050
City-St-Zip: CORSICANA, TX 75151

Title: V ( ) Delete
Name: ARMSTRONG, MARK
Address: PO BOX 1050
City-St-Zip: CORSICANA, TX 75151

Title: ST ( ) Delete
Name: MORAN, GAIL
Address: PO BOX 1050
City-St-Zip: CORSICANA, TX 75151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: MORAN, CARROLL
Address: PO BOX 1050
City-St-Zip: CORSICANA, TX 75151

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: GRANT, CHAD
Address: PO BOX 1050
City-St-Zip: CORSICANA, TX 75151

Title: V (X) Change ( ) Addition
Name: COBB, KIM
Address: PO BOX 1050
City-St-Zip: CORSICANA, TX 75151

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KIM COBB V 07/09/2009

Electronic Signature of Signing Officer or Director — Date