

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81788

Entity Name: MATTRESS MART, INC.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

1301 WEST COPANS RD  
STE F3  
POMPANO BCH., FL 33064 US

## New Principal Place of Business:

## Current Mailing Address:

1301 WEST COPANS RD  
SUITE A-4  
POMPANO BCH., FL 33064

## New Mailing Address:

FEI Number: 59-2199270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, ROBERT  
831 SE 5TH AVE.  
POMPANO BEACH, FL 33060 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: PD ( ) Delete  
Name: JOHNSON, ROBERT  
Address: 831 SE 5TH AVE  
City-St-Zip: POMPANO BCH., FL

Title: S ( ) Delete  
Name: JOHNSON, SANDRA  
Address: 831 SE 5TH AVE  
City-St-Zip: POMPANO BCH., FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT JOHNSON

P

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date