


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000004798

1. Entity Name
MATTRESS GIANT CORPORATION



Principal Place of Business — Mailing Address

**14665 MIDWAY ROAD, SUITE 100
 ADDISON, TX 75001** **14665 MIDWAY ROAD, SUITE 100
 ADDISON, TX 75001**

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number **75-2427860** Applied For Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000305520
 04/14/05-80088-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BROWN, BARRIE E 14655 MIDWAY RD #100 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPCI WILLIAMS, STEVEN R 14665 MIDWAY RD STE 100 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LIST, STEVEN L 14665 MIDWAY ROAD, SUITE 100 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPHR ALONSO, BRENDA 14665 MIDWAY ROAD SUITE 100 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVEP YOUNKMAN, DAN A 14665 MIDWAY ROAD SUITE 100 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, GRAEME A 14665 MIDWAY ROAD SUITE 100 ADDISON, TX 75001

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Steven L. List** 3/30/05 972-392-2202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #