

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 15, 2009
Secretary of State**

DOCUMENT# F99000004798

Entity Name: MATTRESS GIANT CORPORATION

Current Principal Place of Business:

14665 MIDWAY ROAD, SUITE 100
ADDISON, TX 75001 US

New Principal Place of Business:

Current Mailing Address:

14665 MIDWAY ROAD, SUITE 100
ADDISON, TX 75001 US

New Mailing Address:

FEI Number: 75-2427860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARRIE
Address: 14655 MIDWAY RD #100
City-St-Zip: ADDISON, TX 75001 US

Title: D () Delete
Name: ROBERT
Address: 14665 MIDWAY ROAD, SUITE 100
City-St-Zip: ADDISON, TX 75001 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, BARRIE
Address: 14655 MIDWAY RD #100
City-St-Zip: ADDISON, TX 75001 US

Title: D (X) Change () Addition
Name: PULCIANI, ROBERT
Address: 14665 MIDWAY ROAD, SUITE 100
City-St-Zip: ADDISON, TX 75001 US

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 PULCIANI

D

07/15/2009

Electronic Signature of Signing Officer or Director

_____ Date