

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009369

Entity Name: MATTRESS PALACE INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

2150 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2150 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

New Mailing Address:

1765 TREE BLVD
SAINT AUGUSTINE, FL 32084

FEI Number: 82-0544152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHATILA, ABRAHAM
2150 US 1 SOUTH
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

CHATILA, ABDUL R
1765 TREE BLVD
SAINT AUGUSTINE, FL 32084 US

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: ABDUL RAHMAN CHATILA

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHATILA, ABDUL RAHMAN
Address: 57 MENENDEZ RD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: STD (X) Delete
Name: CHATILA, ABRAHAM R
Address: 57 MENENDEZ RD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: CHATILA, GHADA S
Address: 57 MENENDEZ RD
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHATILA, ABDUL RAHMAN
Address: 186 SEGOVIA RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

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 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: ABDUL R CHATILA

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date