2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State

DOCUMENT # P98000021526 1. Entity Name AMERICAN INTERNATIONAL MATTRESS COMPANY							02-21-2006	90019 041 ***15	50.00
Principal Place of Business Mailing Address									
500 SOUTH FALKENBURG ROAD TAMPA, FL 33619 US		500 SOUTH FALKENBURG ROAD TAMPA, FL 33619 US				1 18841861 118	210 4 (814) 8831) 68 14 8 2 11)	rii ita s II r ui b
2. Principal Place of Business		3. Mailing Address			$\overline{}$				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022006	Chg-P	CR2E034 (11/05)		
City & State		City & State			4. FEI Number 59-3497			pplied For lot Applicable	
Zip	Country	Zip	Country			5. Certificate of	f Status Desired	See Require	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered Agent	
				Name					
ANTINORI, STEVEN 500 SOUTH FALKENBURG ROAD TAMPA, FL 33619				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL Zip Con	de
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.6 Adde	00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
TITLE	D ,	Delete	TITL	1.5	CEL) must	100 101	☐ Change	Addition
NAME			NAM	EET ADDRESS	110	E AVE	11871	burg Rd	
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	250	19. F	CHILD 3	3/010	
TITLE	D	Delete	tiru		70	Gregar.	FC	Change	Addition
NAME	ANTINORI, LUTRICIA	JE COLORD	NAM	F	Ste	eve Ru	با سو پر پی	rung Ed	
STREET ADDRESS	500 SOUTH FALKENBURG ROA	/D		EET ADDRESS	700	25. Fa	wken	my ea	
CITY-ST-ZIP	TAMPA, FL 33619		_	-ST-ZIP	Ja	mpa,	1 34	5619	
INTE		☐ Delete	TITLE		8	alues	tow.	☐ Change	Addition
NAME STREET ADDRESS				ET ADDRESS	HX.	25. 70	uikent	aura Kd	
CITY-ST-ZIP				-ST-ZIP	Tai	MODE.	CL 32	nurg Rd 1619	
TITLE		☐ Delete	TITL	E		, ,	, - ,	☐ Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP			1	EFF ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITL			•		☐ Change	Addition
NAME		_ bcac	NAM]				··	G
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-St-ZIP					
TITLE		☐ Delete	TITLI					☐ Change	☐ Addition
NAME Street address			NAM STRE	EET ADDRESS					
CITY-ST-ZIP				- S1 - ZIP					
42 I borobii o	earlify that the information symplicid with	this filing does not qualify t	or the ev	omations cor	ntained	in Chanter 110	Florida Statutos I	further certify that the	information

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 in trustee emplowered 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 otherwise empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

813-451-2233