2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Jan 23, 2006 08:00 AN DOCUMENT # P98000047660 **Secretary of State** 1. Entity Name THOMASVILLE BEDDING COMPANY OF GEORGIA FACTORY OUTLET, INC. Principal Place of Business Mailing Address 3347 CAPITAL CIR. NE 3347 CAPITAL CIR. NE TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 58-2405820 Not Applicat Zιο Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JACKSON, RODNEY Street Address (P.O. Box Number is Not Acceptable) 3347 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308 City Zip Code 8. The above named entry 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 acceptable to the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title # applicable (NOTE Registered Agent signature required when roustating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 0 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, Delete TITLE ☐ Change T Add ** TITLE U00000396077 01/27/06-80019-003 150.00 HURST, JEFFERY W NAME NAME STREET ADDRESS 4210 LOWER CAIRO RD STREET ADDRESS CITY-ST-ZIP DITY-ST-7(P THOMASVILLE GA 31792 Delete HILE ☐ Change ☐ Add::: TITLE ACKERMAN, ROBERT H MAME NAME STREET ADDRESS 602 VICTORIA PLACE STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA 31792 CITY-ST-ZIP ☐ Change AJC: TITLE Delete. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change □ Aèch TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7/P CITY-ST-ZIP A. ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

effery W Hurst 1-20-01

☐ Change

Adei