


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90046 030 ***150.00

DOCUMENT # F03000001672	
1. Entity Name SLEEP SCREEN INC.	

Principal Place of Business 211 EAST 43RD STREET, SUITE 909 NEW YORK NY 10017	Mailing Address 23257 STATE ROAD 7, SUITE 209-B BOCA RATON FL 33428
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02061321



MOORE CR2E034 (11/03)

2. Principal Place of Business 6101 West Atlantic Blvd Suite, Apt. #, etc. Suite 101 City & State Margate FL Zip 33063 Country USA	3. Mailing Address 6101 West Atlantic Blvd Suite, Apt. #, etc. Suite 101 City & State Margate FL Zip 33063 Country USA
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4. FEI Number 16-1623349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELPER, ZEV
~~232 57 STATE ROAD 7, SUITE 209-B~~
~~BOCA RATON FL 33428~~

7. Name and Address of New Registered Agent

Name: Helper Zev
 Street Address (P.O. Box Number is Not Acceptable): 6101 West Atlantic Blvd #101
 City: Margate FL Zip Code: 33063

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: Z. Helper Zev Helper (address change only) DATE: 4-1-04
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD HELPER, ZEV 23257 STATE ROAD 7, SUITE 209-B BOCA RATON FL 33425 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COHEN, ARIE 23257 STATE ROAD 7, SUITE 209-B BOCA RATON FL 33425 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD Zev Helper 6101 W Atlantic Blvd #101 Margate FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Ginsberg, Barry 6101 W Atlantic Blvd #101 Margate FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Z. Helper Zev Helper Date: 4-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #