2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 379389

Entity Name: HYGENATOR PILLOW SERVICE, INC.

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1733 NW 21 TERRACE MIAMI, FL 331427437 US

Current Mailing Address: New Mailing Address:

1733 NW 21 TERRACE MIAMI, FL 331427437 US

FEI Number: 59-1347459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ERICKSON, ALAN, W 1733 NW 21 TERRACE MIAMI, FL 331427437 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ERICKSON, TOMIKO ERICKSON, TOMIKO S PRES. Name: Name: 1733 N.W. 21 TERRACE 1733 NW 21 TERRACE Address: Address: City-St-Zip: MIAMI, FL 331427437 City-St-Zip: MIAMI, FL 331427437

Title: VP () Delete Title: VP (X) Change () Addition Name: SOONG YUNG S

 Name:
 SOONG, YUNG
 Name:
 SOONG, YUNG S

 Address:
 13500 SW 96 STREET
 Address:
 13500 SW 96 STREET

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33186

Title: ST () Delete Title: S-T (X) Change () Addition

 Name:
 ERICKSON, ALAN
 Name:
 ERICKSON, ALAN W

 Address:
 1733 N.W. 21 TERRACE
 Address:
 1733 NW 21 TERRACE

 City-St-Zip:
 MIAMI, FL 331427437
 City-St-Zip:
 MIAMI, FL 331427437

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOMIKO ERICKSON PRES 01/06/2005