

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 379389

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: HYGENATOR PILLOW SERVICE, INC.

**Current Principal Place of Business:**

1733 NW 21 TERRACE  
MIAMI, FL 331427437 US

**New Principal Place of Business:**

**Current Mailing Address:**

1733 NW 21 TERRACE  
MIAMI, FL 331427437 US

**New Mailing Address:**

FEI Number: 59-1347459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

**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: ALAN W. ERICKSON

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P-D ( ) Delete  
Name: ERICKSON, TOMIKO S PRES.  
Address: 1733 NW 21 TERRACE  
City-St-Zip: MIAMI, FL 331427437

Title: VP ( ) Delete  
Name: SOONG, YUNG S  
Address: 13500 SW 96 STREET  
City-St-Zip: MIAMI, FL 33186

Title: S-T ( ) Delete  
Name: ERICKSON, ALAN W  
Address: 1733 NW 21 TERRACE  
City-St-Zip: MIAMI, FL 331427437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TOMIKO S. ERICKSON

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date