

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000943

FILED
May 01, 2006
Secretary of State

Entity Name: VIRGIN SLEEP SYSTEMS, INC.

Current Principal Place of Business:

7394 ST. ANDREWS BOULEVARD
WEEKI WACHEE, FL 34613

New Principal Place of Business:

Current Mailing Address:

7394 ST. ANDREWS BOULEVARD
WEEKI WACHEE, FL 34613

New Mailing Address:

FEI Number: 59-3640736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VRASPIR, TODD W ESQUIRE
5327 COMMERCIAL WAY
SUITE A101
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D/C () Delete
Name: VIVEIROS, WALTER
Address: 9472 WHISPER RIDGE TRAIL
City-St-Zip: WEEKI WACHEE, FL 34613

Title: D () Delete
Name: WILKINSON, JOHN
Address: 3443 GRIFFIN VIEW DRIVE
City-St-Zip: LADYLAKE, FL 32159

Title: D/P () Delete
Name: CHICHESTER, BONNIE
Address: 9375 BEARFOOT TRAIL
City-St-Zip: WEEKI WACHEE, FL 34613

Title: D/ST (X) Delete
Name: VRASPIR, TODD W
Address: 5327 COMMERCIAL WAY, SUITE A101
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: BENNING, BERNARD
Address: 4013 18TH STREET SW
City-St-Zip: CALGARY ALBERTA CANADA, CA T2T4V6 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CHICHESTER, BONNIE
Address: 9375 BEARFOOT TRAIL
City-St-Zip: WEEKI WACHEE, FL 34613

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: WALTER VIVERIOS

C

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date