2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000943

4013 18 STREET SW

CALGARY, ALBERTA CANADA, CA T2T4V6 CA

Address: City-St-Zip:

Entity Name: VIRGIN SLEEP SYSTEMS, INC.

FILED Sep 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7394 ST. ANDREWS BOULEVARD 9472 WHISPER RIDGE TR WEEKI WACHEE, FL 34613 WEEKI WACHEE, FL 34613 **Current Mailing Address: New Mailing Address:** 9472 WHISPER RIDGE TR 7394 ST. ANDREWS BOULEVARD WEEKI WACHEE, FL 34613 WEEKI WACHEE, FL 34613 FEI Number: 59-3640736 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: VRASPIR, TODD W ESQUIRE 5327 COMMERCIAL WAY SUITE A101 SPRING HILL, FL 34606 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D/C () Delete () Change () Addition VIVEIROS, WALTER Name: Name: 9472 WHISPER RIDGE TRAIL Address: Address: City-St-Zip: WEEKI WACHEE, FL 34613 City-St-Zip: Title: Title: () Delete () Change () Addition WILKINSON, JOHN Name: Name: 3443 GRIFFIN VIEW DRIVE Address: Address: LADYLAKE, FL 32159 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BENNING, BERNARD Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WALTER VIVEIROS WV 09/05/2008