


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90208 007 ***150.00

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| DOCUMENT # F06000004856 |  |
| 1. Entity Name HEALTHSLEEP, INC. | |

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| Principal Place of Business 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 | Mailing Address 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

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|--|---------------------------------------|
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| 04282008 | Chg-P CR2E034 (12/06) |
| 4. FEI Number 84-1701544 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6-Name and Address of Current Registered Agent | 7-Name and Address of New Registered Agent |
| CT CORPORATION 1200 S. PINE ISLAND PLANTATION, FL 33324 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL Zip Code |

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.

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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C STANLEY, PAUL 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAU, PHIL 13083, TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAGGART, JOSEPH 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRADDOCK, HOOD 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DUGUAY, FREDERICK 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DUGUAY, FREDERICK 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NUMMY, PATRICK 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NUMMY, PATRICK 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VARSAMES, LOUIS 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, DAVID 13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLEIN, KEVIN 13083, TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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| SIGNATURE: | PAUL STANLEY, CEO 4/28/08 813-960-6100 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |