2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004856

Entity Name: HEALTHSLEEP, INC.

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ECOM PARKW ERRACE, FL 3				
Current Mailing Address:			New Mailir	New Mailing Address:	
13083 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 33637					
FEI Number:	84-1701544	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
CT CORPORATION 1200 S. PINE ISLAND PLANTATION, FL 33324 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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STANLEY, PAUL	Delete I PARKWAY NORTH DE, FL 33637	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TAGGART, JOSE	I PARKWAY NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DUGUAY, FREDE	I PARKWAY NORTH	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LAU, PHIL 13083 N TELECOM PKWY TEMPLE TERRACE, FL 33637	
Title: Name: Address: City-St-Zip:	P ()E NUMMY, PATRIC 13083 TELECOM TEMPLE TERRAC	K I PARKWAY NORTH	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CRADDOCK, HOOD 21299 US HWY 27, PO BOX 3737 LAKE WALES, FL 33859	
Title: Name: Address: City-St-Zip:	VARSAMES, LOU	I PARKWAY NORTH	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MILLER, DAVID 21299 US HWY 27, PO BOX 3737 LAKE WALES, FL 33859	
Title: Name: Address: City-St-Zip:	LAU, PHIL	Delete I PARKWAY NORTH DE, FL 33637	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition VAN SANT, CHRISTOPHER 13083 N TELECOM PKWY TEMPLE TERRACE, FL 33637	

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.

SIGNATURE: PAUL STANLEY C 01/28/2009