2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# F08000003412

Entity Name: BABY SLEEPS SAFE, INC.

Current Principal Place of Business:

5300 W ATLANTIC AVE STE 700
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5300 W ATLANTIC AVE STE 700
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 26-1746226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LETZELTER, JOE
5300 W ATLANTIC AVE STE 700
DELRAY BEACH, FL 33484 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

OFFICERS AND DIRECTORS:

Title: C
Name: PRYOR, THAD
Address: 5300 W ATLANTIC AVE STE 700
City-St-Zip: DELRAY BEACH, FL 33484

Title: P
Name: FOLDS, VICKI DR.
Address: 5300 W ATLANTIC AVE STE 700
City-St-Zip: DELRAY BEACH, FL 33484

Title: V
Name: LETZELTER, JOE
Address: 5300 W ATLANTIC AVE STE 700
City-St-Zip: DELRAY BEACH, FL 33484

Title: S
Name: PRYOR, ANTHONY
Address: 5300 W ATLANTIC AVE STE 700
City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: THAD PRYOR C 01/03/2012

Electronic Signature of Signing Officer or Director Date