

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000721

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** SLEEPING CHILDREN AROUND THE WORLD-USA, INC.

**Current Principal Place of Business:**

3380 SHADY BEND WAY  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

3380 SHADY BEND WAY  
FT MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 27-3609416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARCLAY, ROBERT  
3380 SHADY BEND WAY  
FT MYERS, FL 33905 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: DPS  
Name: BARCLAY, ROBERT  
Address: 3380 SHADY BEND WAY  
City-St-Zip: FT MYERS, FL 33905

Title: DT  
Name: SWANSTON, EDWARD  
Address: 53 HARTFIELD RD  
City-St-Zip: ETOBICOKE ONTARIO CANADA, M9A3CB XX

Title: D  
Name: DRYDEN, DAVID  
Address: 2257 ALL SAINTS CRESCENT  
City-St-Zip: OAKVILLE ONTARIO CANADA, L6J5N1 XX

Title: D  
Name: HARPER, LAURA  
Address: 208-2180 MARINE DR  
City-St-Zip: OAKVILLE ONTARIO CANADA L6L, 5V 2 XX

Title: D  
Name: MACGREGOR, DUNCAN  
Address: 14 AYLESBURY RD  
City-St-Zip: ETOBICOKE ONTARIO CANADA, M9A2M5 XX

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BARCLAY

PRES

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date