2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# F99000006741

Entity Name: SLEEPMED INCORPORATED

Current Principal Place of Business:

200 CORPORATE PLACE, SUITE 5B
PEABODY, MA 01960

New Principal Place of Business:

Current Mailing Address:

200 CORPORATE PLACE, SUITE 5B
PEABODY, MA 01960

New Mailing Address:

FEI Number: 04-3490832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPFA ( ) Delete
Name: ROSE, JOSEPH A
Address: 8 PITCAIRN WAY
City-St-Zip: IPSWICH, MA 01938

Title: PCEO ( ) Delete
Name: LEWIS, DAVID J
Address: 3021 BLOSSOM STREET
City-St-Zip: COLUMBIA, SC 29201

Title: D ( ) Delete
Name: MYERS, JERRY K
Address: 2900 INDIGO BUSH WAY
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: CURRIE, JAMES L
Address: 190 S. LASALLE ST., STE. 2800
City-St-Zip: CHICAGO, IL 60603

Title: D ( ) Delete
Name: RICKERT, ANTHONY
Address: 6502 BROAD ST.
City-St-Zip: BETHESDA, MD 20816

Title: D ( ) Delete
Name: KEIM, JOHN
Address: 305 WOODDUCK RD.
City-St-Zip: COLUMBIA, SC 29223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH A. ROSE VPFA 01/16/2008

Electronic Signature of Signing Officer or Director Date