

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021428

FILED
Jan 05, 2006
Secretary of State

Entity Name: SLEEP CARE CENTERS OF AMERICA, INC.

Current Principal Place of Business:

1409 KINGLESY AVENUE
BLDG 2
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2183
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 59-3629782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUYRES, DAVID J
2412 STOCKTON DRIVE
GREEN COVE SPRINGS, FL 32043 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: DPS () Delete
Name: MUYERS, DAVID J
Address: 2412 STOCKTON DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: ASPINWALL, ROBERT V
Address: 8430 COMMONWEALTH AVENUE
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MUYRES, DAVID J
Address: 2412 STOCKTON DRIVE
City-St-Zip: ORANGE PARK, FL 32043

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID J. MUYRES

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date