



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90259 037 ***158.75

DOCUMENT # P00000071754			
1. Entity Name EXOTIC SLEEP DESIGNS, INC.			
Principal Place of Business 1851 NW 46TH AVE F 108 LAUDERHILL, FL 33313		Mailing Address P O BOX 9792 FORT LAUDERDALE, FL 33310	
2. Principal Place of Business 1412 Avon Lane		3. Mailing Address	
Suite, Apt. #, etc. 1-17		Suite, Apt. #, etc.	
City & State North Lauderdale, FL		City & State	
Zip 33068	Country Florida	Zip	Country
6. Name and Address of Current Registered Agent ROOKS, ALICIA 1851 NW 46TH AVE APT F108 LAUDERHILL, FL 33313		7. Name and Address of New Registered Agent Name Rooks, Alicia Street Address (P.O. Box Number is Not Acceptable) 1412 Avon Lane 1-17 City North Lauderdale FL Zip Code 33068	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROOKS-HOLLAND, ALICIA 1851 NW 46TH AVE, APT F108 LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Rooks, Alicia 1412 Avon Lane #1-17 North Lauderdale, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		Date 5/10/06	Daytime Phone # 954/815-0307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT

60035914

May 1, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom this may interest: My name is Alicia Rooks with two corporations (1) "Exotic Sleep Designs, Inc." Document #P00000071754, and (2) "Alicia Creations" Document #P03000032154. Per a conversation with Melinda L. @850/245-6900 this morning, I was to include this letter with my 'filing fee' of \$150, Do the the "Hurricane", I did not receive the form to file. Thank you.


Alicia Rooks

P.O. Box 9792
Fort Lauderdale, FL 33310
(954)815-0307