


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000100986</b>	
1. Entity Name <b>SLEEP SAFE ALARMS, INC.</b>	

Principal Place of Business <b>10287 OLDE CLYSEDALE CIRCLE LAKE WORTH, FL 33467-5499</b>	Mailing Address <b>10287 OLDE CLYSEDALE CIRCLE LAKE WORTH, FL 33467-5499</b>
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1137188</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MORALES, FRANK  
10287 OLDE CLYDESDALE CIRCLE  
LAKE WORTH, FL 33467-5499**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PTSD</b>	NAME <b>MORALES, FRANK</b>
STREET ADDRESS <b>10287 CLYDESDALE CIRCLE</b>	
CITY-ST-ZIP <b>LAKE WORTH, FL 334675499</b>	
TITLE <b>VP</b>	NAME <b>LOWE, DAVID T</b>
STREET ADDRESS <b>2558 N W 88TH TERRACE</b>	
CITY-ST-ZIP <b>CORAL SPRINGS, FL 33065</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80013-010 150.00

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 live empowered.

**SIGNATURE:** \_\_\_\_\_ **1-10-06** **965-1039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #