

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100986

Entity Name: SLEEP SAFE ALARMS, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

10287 OLDE CLYSEDALE CIRCLE  
LAKE WORTH, FL 334675499

## New Principal Place of Business:

10400 TRIANON PLACE  
LAKE WORTH, FL 33449

## Current Mailing Address:

10287 OLDE CLYSEDALE CIRCLE  
LAKE WORTH, FL 334675499

## New Mailing Address:

10400 TRIANON PLACE  
LAKE WORTH, FL 33449

FEI Number: 65-1137188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORALES, FRANK  
10287 OLDE CLYDESDALE CIRCLE  
LAKE WORTH, FL 334675499 US

## Name and Address of New Registered Agent:

MORALES, FRANK  
10400 TRIANON PLACE  
LAKE WORTH, FL 33449 US

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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: MORALES, FRANK  
Address: 10287 CLYDESDALE CIRCLE  
City-St-Zip: LAKE WORTH, FL 334675499

Title: VP ( ) Delete  
Name: LOWE, DAVID T  
Address: 2558 N W 88TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: MORALES, FRANK  
Address: 10400 TRIANON PLACE  
City-St-Zip: LAKE WORTH, FL 33449

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: FRANK MORALES

PTSA

04/22/2009

Electronic Signature of Signing Officer or Director

Date