

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121803

FILED
Jan 30, 2007
Secretary of State

Entity Name: SLEEPING TIGER ENTERPRISES, INC.

Current Principal Place of Business:

1160 94TH AVENUE
ST PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

1160 94TH AVENUE
ST PETERSBURG, FL 33702

New Mailing Address:

20025 GULF BLVD
INDIAN SHORES, FL 33785

FEI Number: 59-3366789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATON, RICHARD P
9075 SEMINOLE BLVD
ST PETERSBURG, FL 33772 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: PTD () Delete
Name: WESTPHAL, STEVEN
Address: 20025 GULF BLVD
City-St-Zip: INDIAN SHORES, FL 33785

Title: VSD () Delete
Name: JOHNSON, ERIC
Address: 4716 DOVER ST NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: STEVEN WESTPHAL

PSD

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date