

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078006

Entity Name: LUNAR SLEEPWARE. INC.

FILED  
Apr 18, 2006  
Secretary of State

## Current Principal Place of Business:

7893 CAMERON CIRCLE  
FT. MYERS,, FL 33912 US

## New Principal Place of Business:

## Current Mailing Address:

7893 CAMERON CIRCLE  
FT. MYERS,, FL 33912 US

## New Mailing Address:

FEI Number: 16-1617420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HASKELL, AMANDA M  
7893 CAMERON CIRCLE  
FT. MYERS, FL 33912 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: P ( ) Delete  
Name: HASKELL, LAURA M  
Address: 7893 CAMERON CIRCLE  
City-St-Zip: FT. MYERS, FL 33912 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LAURA HASKELL

P

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date