

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124571

FILED
Apr 24, 2004
Secretary of State

Entity Name: GOOD NIGHT SOLUTIONS, INCORPORATED

Current Principal Place of Business:

3026 LAKEWOOD DRIVE
WESTON, FL 33332

New Principal Place of Business:

Current Mailing Address:

3026 LAKEWOOD DRIVE
WESTON, FL 33332

New Mailing Address:

FEI Number: 42-1560127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, ERIC
3026 LAKEWOOD DRIVE
WESTON, FL 33332

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: SNYDER, ERIC
Address: 3026 LAKEWOOD DRIVE
City-St-Zip: WESTON, FL 33332

Title: ST () Delete
Name: CURTIS-SNYDER, JAMES
Address: 3026 LAKEWOOD DR
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SNYDER, JAMES
Address: 3026 LAKEWOOD DR
City-St-Zip: WESTON, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES SNYDER

ST

04/24/2004

Electronic Signature of Signing Officer or Director

Date