

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079146

FILED
Apr 29, 2005
Secretary of State

Entity Name: DREAM MAKERS SLEEP PRODUCTS, INC

Current Principal Place of Business:

7122 NW 74 AV
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 832137
MIAMI, FL 332832137 US

New Mailing Address:

7730 SW 68 TR
MIAMI, FL 33143 US

FEI Number: 43-2022593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLETE CORPORATE SERVICES, INC
7730 SW 68 TR
MIAMI, FL 33143 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,S, () Delete
Name: SHEREBRIN, BRIAN
Address: 3140 MARION AV
City-St-Zip: MARGATE, FL 33063 US

Title: D () Delete
Name: BABOUN, VALARIE
Address: 7122 NW 74 AV
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: DESLANDES, OLIVIER
Address: 7122 NW 74 AV
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: REY, RONALD
Address: 7122 NW 74 AV
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: BRIAN SHEREBRIN

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date