2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080750

Entity Name: SLEEP DISORDER SOLUTIONS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 13230 SW. 132 AVE
 13230 SW 132 AVE

 SUITE 28
 SUITE 28

 MIAMI, FL 33186
 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

 13230 SW. 132 AVE
 13230 SW 132 AVE

 SUITE 28
 SUITE 28

 MIAMI, FL 33186
 MIAMI, FL 33186

FEI Number: 52-2414941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 GALLARDO, RAFAEL
 GALLARDO, RAFAEL A

 13230 SW 132 AVE
 13230 SW 132 AVE

 SUITE 28
 SUITE 28

 MIAMI, FL 33186 US
 MIAMI, FL 33186 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: RAFAEL A. GALLARDO 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GALLARDO, RAFAEL GALLARDO, RAFAEL A Name: Name: 13230 SW 132 AVE #28 Address: 13230 SW 132 AVE BAY 28 Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

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: RAFAEL A. GALLARDO PRES 04/30/2009