

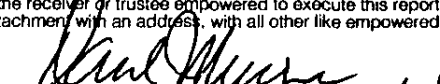


FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000105793 1. Entity Name INTEGRATED SLEEP RESOURCES, INC							
Principal Place of Business 425 N. LEE STREET SUITE 204 JACKSONVILLE, FL 32204		Mailing Address P.O. BOX 2426 ORANGE PARK, FL 32067					
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>							
		<div style="text-align: center;"></div> <div>04212008 No Chg-P CR2E034 (11/05)</div> <table border="1"><tr><td>4. FEI Number 26-0076261</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 26-0076261	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent MUYRES, DAVID J 2412 STOCKTON DRIVE GREEN COVE, FL 32043		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MUYRES, DAVID J 2412 STOCKTON DRIVE GREEN COVE, FL 32043						
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		Date: 4/23/08 Daytime Phone #: 904 219-7407					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>					