

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105793

FILED
Apr 17, 2009
Secretary of State

Entity Name: INTEGRATED SLEEP RESOURCES, INC

Current Principal Place of Business:

425 N. LEE STREET
SUITE 204
JACKSONVILLE, FL 32204

New Principal Place of Business:

1409 KINGSLEY AVE
BLDG 2
ORANGE PARK, FL 32067

Current Mailing Address:

P.O. BOX 2426
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 26-0076261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUYRES, DAVID J
2412 STOCKTON DRIVE
GREEN COVE, FL 32043 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: DPS () Delete
Name: MUYRES, DAVID J
Address: 2412 STOCKTON DRIVE
City-St-Zip: GREEN COVE, FL 32043

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 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: DAVID MUYRES

DPS

04/17/2009

Electronic Signature of Signing Officer or Director

Date