

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153261

FILED
Apr 30, 2009
Secretary of State

Entity Name: POWERNAP SLEEP CENTERS, INC.

Current Principal Place of Business:

415 1ST AVENUE NORTH
SUITE 300
MINNEAPOLIS, MN 55401 US

New Principal Place of Business:

7404 MITCHELL ROAD
EDEN PRAIRIE, MN 55344 US

Current Mailing Address:

415 1ST AVENUE NORTH
SUITE 300
MINNEAPOLIS, MN 55401 US

New Mailing Address:

7404 MITCHELL ROAD
EDEN PRAIRIE, MN 55344 US

FEI Number: 58-2683561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSDELL, STEEV
9370 S.W. 8TH STREET
#123
BOCA RATON, FL 33428 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: CEO () Delete
Name: RAMSDELL, STEEV
Address: 415 1ST AVENUE NORTH
City-St-Zip: MINNEAPOLIS, MN 55401 US

Title: P () Delete
Name: RAMSDELL, MICHAEL
Address: 8601 N.W. 35TH STREET, #1
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S () Delete
Name: SERBAN, JOHN
Address: 18792 CASPIAN CIRCLE
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: RAMSDELL, STEEV
Address: 7404 MITCHELL ROAD
City-St-Zip: EDEN PRAIRIE, MN 55344 US

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 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: STEEV RAMSDELL

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date