

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90472 040 ***158.75

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|--|--|---|---|--|--|
| DOCUMENT # P05000047710 1. Entity Name BEST REST SLEEP CENTERS, INC. | | | | | |
| Principal Place of Business 3733 UNIVERSITY BLVD. WEST SUITE 210B JACKSONVILLE, FL 32217 US | | | Mailing Address 3733 UNIVERSITY BLVD. WEST SUITE 210B JACKSONVILLE, FL 32217 US | | |
| 2. Principal Place of Business 1515 Prudential Dr Suite 1001 | | 3. Mailing Address P.O. Box 11165 | | 60032661 | |
| Suite, Apt. #, etc. Suite 1001 | | Suite, Apt. #, etc. - | | 04272006 Chg-P CR2E034 (11/05) | |
| City & State JACKSONVILLE, Florida | | City & State JACKSONVILLE, Fla | | 4. FEI Number 86-1135480 | |
| Zip 32207 | | Country US | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32239 | | Country US | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HUSEMAN, WILLIAM R 3733 UNIVERSITY BLVD. WEST SUITE 210B JACKSONVILLE, FL 32217 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR. <input type="checkbox"/> Delete SHOVLIN, THOMAS P 1603 HARRINGTON PARK DR. JACKSONVILLE, FL 32225 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR. <input type="checkbox"/> Delete ADEEB, BARRY 501 ATLANTIC BLVD. ATLANTIC BEACH, FL 32233 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: THOMAS P. SHOVLIN 4/27/06 904 860-1909 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |