

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138291

Entity Name: SLEEPVIEW DIAGNOSTICS, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

6351 25TH AVENUE NORTH
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6351 25TH AVENUE NORTH
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 06-1761254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, LINDA L ESQ
401 EAST JACKSON STREET SUITE 2500
TAMPA, FL 33602 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: D () Delete
Name: PERDUE, LONNIE E
Address: 6351 25TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Delete
Name: PIVARCSI, JOHN JR
Address: 15334 WOODCREST DRIVE
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN PIVARCSI JR

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date