

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90040 046 ***150.00

DOCUMENT # P06000062339 1. Entity Name SLEEP & BREATHE WELL, INC.					
Principal Place of Business 501 MEDICAL PLAZA DR. SUITE 102 LEESBURG, FL 34748			Mailing Address 501 MEDICAL PLAZA DR. SUITE 102 LEESBURG, FL 34748		
2. Principal Place of Business - No P.O. Box # 601 E. Dixie Ave Suite 806 Suite, Apt. #, etc. Suite 806		3. Mailing Address 601 E. Dixie Ave Suite 806 Suite, Apt. #, etc. Suite 806			
City & State LEESBURG - FLORIDA		City & State LEESBURG - FLORIDA		4. FEI Number 20-4902119	
Zip 34748		Country 34748		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, JUDY R 501 MEDICAL PLAZA DR. SUITE 102 LEESBURG, FL 34748				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, HUMBERTO R 501 MEDICAL PLAZA DR. SUITE 102 LEESBURG, FL 34748 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Judy Delgado</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			08-30-07 (352) 326-0248 Date Daytime Phone #		