2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# P07000053435

Entity Name: DR. SNOOZE INC.

Current Principal Place of Business:

17950 S US HIGHWAY 441
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

17950 S US HIGHWAY 441
SUMMERFIELD, FL 34491

New Mailing Address:

6160 SW STATE ROAD 200
SUITE #110
OCALA, FL 34476

FEI Number: 26-0144465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMSARAN, SATESH
14640 S.W. 46TH COURT
OCALA, FL 34473 US

Name and Address of New Registered Agent:

RAMSARAN, SATESH
17950 S US HIGHWAY 441
SUMMERFIELD, FL 34491 US

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: SATESH RAMSARAN 06/04/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: RAMSARAN, SATESH
Address: 47 SEYMOUR LANE
City-St-Zip: MEDFORD, NY 11763

Title: TRES ( ) Delete
Name: RAMSARAN, SATESH
Address: 47 SEYMOUR LANE
City-St-Zip: MEDFORD, NY 11763

Title: SECT (X) Delete
Name: RAMSARAN, SATESH
Address: 47 SEYMOUR LANE
City-St-Zip: MEDFORD, NY 11763

Title: DIR (X) Delete
Name: RAMSARAN, SATESH
Address: 47 SEYMOUR LANE
City-St-Zip: MEDFORD, NY 11763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: RAMSARAN, SATESH
Address: 6160 SW STATE ROAD 200, SUITE #110
City-St-Zip: OCALA, FL 34476

Title: O (X) Change ( ) Addition
Name: LINVILL, ALYSSA K
Address: 6160 SW STATE ROAD 200, SUITE #110
City-St-Zip: OCALA, FL 34476

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: SATESH RAMSARAN P 06/04/2009
Electronic Signature of Signing Officer or Director Date