2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# P07000083284

Entity Name: ABSOLUTE SLEEP SERVICE CONSULTANTS, INC.

Current Principal Place of Business:

12600 SW 120TH STREET
SUITE 116
MIAMI, FL 33176

New Principal Place of Business:

12600 SW 120TH STREET
SUITE 116
MIAMI, FL 33186 US

Current Mailing Address:

12600 SW 120TH STREET
SUITE 116
MIAMI, FL 33176

New Mailing Address:

12600 SW 120TH STREET
SUITE 116
MIAMI, FL 33186 US

FEI Number: 26-1765990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, DEBBIE J
12600 SW 120TH STREET
SUITE 116
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MURPHY, DEBBIE J
12600 SW 120TH STREET
SUITE 116
MIAMI, FL 33186 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: DEBBIE MURPHY 02/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HERNANDEZ, JOANNE
Address: 9380 SW 150 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: S ( ) Delete
Name: GRAU, ADIALA
Address: 12600 SW 120TH STREET
City-St-Zip: MIAMI, FL 33176

Title: T ( ) Delete
Name: MURPHY, DEBBIE J
Address: 12600 SW 120TH STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HERNANDEZ, JOANNE
Address: 12600 SW 120TH STREET # 116
City-St-Zip: MIAMI, FL 33186 US

Title: S (X) Change ( ) Addition
Name: GRAU, ADIALA
Address: 12600 SW 120TH STREET SUITE # 116
City-St-Zip: MIAMI, FL 33186 US

Title: T (X) Change ( ) Addition
Name: MURPHY, DEBBIE J
Address: 12600 SW 120TH STREET
City-St-Zip: MIAMI, FL 33186 US

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: DEBBIE J. MURPHY T 02/19/2009
Electronic Signature of Signing Officer or Director Date