2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2012
Secretary of State

DOCUMENT# P09000103129

Entity Name: SLEEP APNEA & SNORING SOLUTIONS INC

Current Principal Place of Business:

5406 STRICKLAND AVENUE
LAKELAND, FL 33812

New Principal Place of Business:

802 SUMMERFIELD DRIVE
LAKELAND, FL 33803

Current Mailing Address:

802 SUMMERFIELD DRIVE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 27-1535317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, RONALD L
802 SUYMMERFIELD DRIVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

JONES, RONALD L
802 SUMMERFIELD DRIVE
LAKELAND, FL 33803 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: _____ 03/17/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DR
Name: JONES, RONALD L
Address: 802 SUMMERFIELD DRIVE
City-St-Zip: LAKELAND, FL 33803 US

Title: VP
Name: JONES, CHARMAINE C
Address: 802 SUMMERFIELD DRIVE
City-St-Zip: LAKELAND, FL 33803 US

Title: SEC
Name: JONES, RONALD L
Address: 802 SUMMERFIELD DRIVE
City-St-Zip: LAKELAND, FL 33803 US

Title: TREA
Name: JONES, CHARMAINE C
Address: 802 SUMMERFIELD DRIVE
City-St-Zip: LAKELAND, FL 33803 US

I hereby 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 all other like empowered.

SIGNATURE: RONALD L. JONES DR 03/17/2012
Electronic Signature of Signing Officer or Director — Date