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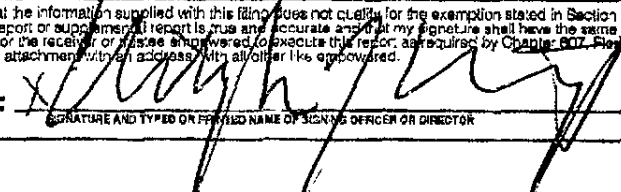
Campbell/Virgilio

352 683 1241

P.C.

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000093392		
1. Entity Name SLEEP WORLD INC.		
Principal Place of Business 6712 US HIGHWAY 19 NEW PORT RICHEY, FL 34652		Mailing Address 6712 US HIGHWAY 19 NEW PORT RICHEY, FL 34652
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KRUFF, CHRISTOPHER J 6712 US HIGHWAY 19 NEW PORT RICHEY, FL 34652		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature is required when reissuing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD KRUFF, CHRISTOPHER J 6712 US HIGHWAY 19 NEW PORT RICHEY, FL 34652	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 assignee authorized 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 to this address with all other like approved.		
SIGNATURE: 		DO NOT WRITE IN THIS SPACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/27/05 DAYTIME PHONE: 727 772 4800