2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019839

10123 U.S. HWY. 441

LEESBURG, FL 34788

Address:

City-St-Zip:

Entity Name: SLEEP CENTER, INC.

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10123 U.S. HWY, 441 LEESBURG, FL 34788 **Current Mailing Address: New Mailing Address:** 10123 U.S. HWY. 441 LEESBURG, FL 34788 FEI Number: 59-3312872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILBERNAGEL, BRIAN 29300 TIMBER OAKS LANE TAVARES, FL 32778 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SILBERNAGEL, BRIAN Name: Name: 10123 U.S. HWY. 441 Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: () Delete Title: Title: () Change () Addition Name: SILBERNAGEL, MARTHA 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: BRIAN SILBERNAGEL PRES 03/27/2008