


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3. **FILED**
Apr 18, 2005 8:00 am
Secretary of State

03-18-2005 90064 023 ***150.00

DOCUMENT # P96000021651

1. Entity Name
SLEEP WALKERS, INC.



Principal Place of Business Mailing Address
13949 W. HILLSBOROUGH AVE., STE. 4 & TAMPA FL 33635 **13949 W. HILLSBOROUGH AVE., STE. 4 & SUITE 10 TAMPA FL 33635 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3378621** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HARROP, DENNIS
13949 W. HILLSBOROUGH AVE., STE. 4 & 5
TAMPA FL 33635

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Dennis Harrop* DATE: **3-07-05**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEES \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARROP, DENNIS 13949 W. HILLSBOROUGH AVE., STE. 4 & 5 TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered 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 with an address, with all other like empowered.

SIGNATURE: *Dennis Harrop* DATE: **4-13-05** DAYTIME PHONE: **813-855-7090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR