


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000021651

1. Entity Name
SLEEP WALKERS, INC.



Principal Place of Business 13949 W. HILLSBOROUGH AVE., STE. 4 & 5 TAMPA, FL 33635	Mailing Address 13949 W. HILLSBOROUGH AVE., STE. 4 & 5 SUITE 10 TAMPA, FL 33635 US
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01122006 No Chg-P CR2E034 (11/05)

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**

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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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 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	DP HARROP, DENNIS 13949 W. HILLSBOROUGH AVE., STE. 4 & 5 TAMPA, FL 33635
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 01/24/06-80029-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis Harrop DENNIS HARROP 1-17-05 813-855-70
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #