


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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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04272008 No City-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFI Number 59-3378621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

I, 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 _____ DATE _____

Signature: Typed or printed name of registered agent or filer if applicable. (Filer: Registered Agent Signature required when re-identifying)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000940067
05/28/08-80051-024 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 rendered in ink. 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 of Block 11 if changed, or an an attachment with an address, with an officer has empowered.

SIGNATURE: Dennis Harrop 4-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Title