

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000021651

Entity Name: SLEEP WALKERS, INC.

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

13949 W. HILLSBOROUGH AVE., STE. 4 & 5  
TAMPA, FL 33635

**New Principal Place of Business:**

**Current Mailing Address:**

13949 W. HILLSBOROUGH AVE., STE. 4 & 5  
SUITE 10  
TAMPA, FL 33635 US

**New Mailing Address:**

FEI Number: 59-3378621      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARROP, DENNIS  
13949 W. HILLSBOROUGH AVE., STE. 4 & 5  
TAMPA, FL 33635 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: HARROP, DENNIS  
Address: 13949 W. HILLSBOROUGH AVE., STE. 4 & 5  
City-St-Zip: TAMPA, FL 33635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
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: DENNIS HARROP

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04/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date