

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078006

Entity Name: LUNAR SLEEPWARE. INC.

Current Principal Place of Business:

12701 MASTIQUE BEACH BLVD.
UNIT 1104
FT. MYERS., FL 33908

Current Mailing Address:

PMB 282 6900-29 DANIELS PARKWAY
FT. MYERS., FL 33912 US

FEI Number: 16-1617420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HASKELL, AMANDA M
12701 MASTIQUE BEACH BLVD
UNIT 1104
FT. MYERS, FL 33908 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

Officer/Director Detail :

Title P
Name HASKELL, LAURA M
Address 12701 MASTIQUE BEACH BLVD UNIT
1104
City-State-Zip: FT. MYERS FL 33908

I hereby 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 all other like empowered.

SIGNATURE: LAURA M. HASKELL

PRESIDENT

04/14/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date