

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000021651

Entity Name: SLEEP WALKERS, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3378621

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARROP, DENNIS
13949 W. HILLSBOROUGH AVE., STE. 4 & 5
TAMPA, FL 33635 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 DP
Name HARROP, DENNIS
Address 13949 W. HILLSBOROUGH AVE., STE.
4 & 5
City-State-Zip: TAMPA FL 33635

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: DENNIS HARROP

PRESIDENT

03/31/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date