

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098135

FILED
Mar 03, 2009
Secretary of State

Entity Name: EAB SLEEP RX, INC.

Current Principal Place of Business:

3131 S.W. COLLEGE ROAD
404
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

917 ROYALTON ROAD
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 26-0827184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKE, ERIC M
917 ROYALTON ROAD
ORLANDO, FL 32825 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: P () Delete
Name: BLAKE, ALLISON T
Address: 917 ROYALTON ROAD
City-St-Zip: ORLANDO, FL 32825

Title: VP () Delete
Name: BLAKE, ERIC M
Address: 917 ROYALTON ROAD
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALLISON BLAKE

P

03/03/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date