

1.) CORPORATION NAME:

**THE SLEEP DOCTOR FOUNDATION, INC.**

DUE DATE: **3/31/2011**

SCC ID NO: **06914394**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
NOLAND MACKENZIE CANTER III  
6319 NICHOLSON ST  
FALLS CHURCH, VA 22044**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2252 SOUVERAIN LANE

CITY/ST/ZIP: VIRGINIA BEACH, VA 23454-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT J FROHWEIN  
TITLE: DIRECTOR  
ADDRESS: 255 PINELAND ROAD  
CITY/ST/ZIP/CO: ATLANTA, GA 30342-

OFFICER  DIRECTOR

NAME: MYRA BROWN  
TITLE: DIRECTOR  
ADDRESS: 7815 LANDOWNE DRIVE  
CITY/ST/ZIP/CO: ATLANTA, GA 30350-

OFFICER  DIRECTOR

NAME: LAUREN BREUS ESQ  
TITLE: DIRECTOR  
ADDRESS: 2252 SOUVERAIN LANE  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454-

OFFICER  DIRECTOR

NAME: MICHAEL J BREUS PH.D  
TITLE: DIRECTOR  
ADDRESS: 2252 SOUVERAIN LANE  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454-

OFFICER  DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ LAUREN BREUS ESQ</u>	<u>LAUREN BREUS ESQ, DIRECTOR</u>	<u>3/8/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.