


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000045766
1. Entity Name
C&M OSTOMY SUPPLIES, INC.



Principal Place of Business
**2712 ARBORWOOD ROAD
DAVIE, FL 33328**

Mailing Address
**P.O. BOX 291554
DAVIE, FL 33329-1554**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1007954 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, JODIE M
2712 ARBORWOOD ROAD
DAVIE, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jodie M. Siegel* **JODIE M. SIEGEL ATTORNEY** DATE: **1/19/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIEGEL, BARBARA L
STREET ADDRESS	2712 ARBORWOOD ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 333286910
TITLE	PVTS
NAME	SIEGEL, BARBARA L
STREET ADDRESS	2712 ARBORWOOD RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 333286910
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/25/06-80047-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara L. Siegel* **BARBARA L. SIEGEL, PRES.** DATE: **1/18/06** Daytime Phone #: **954-234-71**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR