2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097242

Entity Name: A & D DURABLE MEDICAL EQUIPMENT INC.

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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275 FONTAINEBLEAU BLVD

MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

275 FONTAINEBLEAU BLVD 167

MIAMI, FL 33172

FEI Number: 03-0481814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRIETO, SUCEL GARCIA, ELDA

275 FONTAINEBLEAU BLVD 275 FONTAINEBLEAU BLVD

67

MIAMI, FL 33172 US MIAMI, FL 33172 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: ELDA GARCIA 01/23/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

MIAMI, FL 33172

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: PRIETO, SUCEL Name: GARCIA, ELDA
Address: 275 FONTAINEBLEAU BLVD #167 Address: 275 FONTAINEBLEAU BLVD #167

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33172

Title: VPD () Delete Title: () Change () Addition

 Name:
 CARDONA, MARIA S
 Name:

 Address:
 275 FONTAINEBLEAU BLVD #167
 Address:

 City-St-Zip:
 MIAMI, FL 33172
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: GARCIA, HELDA Name: PRIETO, SUCEL

Address: 275 FONTAINEBLEAU BLVD #167 Address: 275 FONTAINEBLEAU BLVD #167

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.

City-St-Zip:

MIAMI, FL 33172

SIGNATURE: ELDA GARCIA PD 01/23/2008