

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053845

FILED
Feb 09, 2005
Secretary of State

Entity Name: MEDREVIEW ANALYSIS INC.

Current Principal Place of Business:

3070 WEST LAKE MARY BOULEVARD
SUITE 116
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

3070 WEST LAKE MARY BOULEVARD
SUITE 116
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 20-0914562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONNELLY, JOHN P
3070 WEST LAKE MARY BOULEVARD
SUITE 116
LAKE MARY, FL 32746 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: DONNELLY, JOHN P
Address: 822 TOMLINSON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: BENJAMIN, LEANNE S
Address: 822 TOMLINSON TERRACE
City-St-Zip: LAKE MARY, FL 32746

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN P. DONNELLY

PRES

02/09/2005

Electronic Signature of Signing Officer or Director

_____ Date