

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148098

FILED
Jan 09, 2009
Secretary of State

Entity Name: EURO-DIAGNOSTIC RESOURCES, INC

Current Principal Place of Business:

3297 FALCON POINT DR.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3956 TOWN CENTER BLVD
#239
ORLANDO, FL 32837 61

New Mailing Address:

FEI Number: 52-2451735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPANA, ANGELO
3297 FALCON POINT DRIVE
KISSIMMEE, FL 34741 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: PSD () Delete
Name: CAMPANA, ANGELO
Address: 3297 FALCOM POINT DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: CAMPANA, GARY
Address: 3225 FAIRHAVEN AVENUE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CAMPANA, ANGELO
Address: 3297 FALCON POINT DRIVE
City-St-Zip: KISSIMMEE, FL 34741

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: ANGELO CAMPANA

PSD

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date