

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125667

FILED
May 01, 2006
Secretary of State

Entity Name: EXIM WORLD MEDICAL CORPORATION

Current Principal Place of Business:

11455 S. ORANGE BLOSSOM TRAIL
19
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

11455 S. ORANGE BLOSSOM TRAIL
19
ORLANDO, FL 32837 US

New Mailing Address:

FEI Number: 20-3793820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EXIM UNITED STATES MEDICAL ALLIANCE, INC
11455 S. ORANGE BLOSSOM TRAIL
18
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

EXIM DEVELOPMENT CORPORATION
11455 S. ORANGE BLOSSOM TRAIL
18
ORLANDO, FL 32837 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: DR. MIROSLAV ALEKSIC 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALEKSIC, MIROSLAV DR.
Address: 11455 S. ORANGE BLOSSOM TRAIL, 19
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Delete
Name: GROCHOLSKI, HEINZ
Address: 11455 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 US

Title: SEC. () Delete
Name: GOLOVNYA, TATYANA
Address: 11455 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: DR. MIROSLAV ALEKSIC P 05/01/2006

Electronic Signature of Signing Officer or Director Date