## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000024523

Entity Name: REMED, INC.

FILED Aug 26, 2006 Secretary of State

Entity Na	me: REMED,	INC.			
Current Principal Place of Business:			New Principal Place of Business:		
15328 NW MIAMI, FL	/ 7TH AVENUE 33169	<u> </u>			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
15328 NW MIAMI, FL	/ 7TH AVENUE 33169	<u>:</u>			
FEI Number	: 65-1081799	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SUITE 607 BAY HARI The above	É CONCOURS 7 BOR ISLAND, I	FL 33154 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
Election Ca	ice with s. 607.19	nic Signature of Registered Age 3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ). TORS:	ot receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHARP, VICTO 16400 COLLIN	Delete RIA S AVE. APT. TH2 BEACH, FL 33160	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SHARP, VICTO 16400 COLLIN	) Delete RIA S AVE. APT. TH2 BEACH, FL 33160	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: VICTORIA SHARP PSVT 08/26/2006