2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622218

Entity Name: U.S. ORTHOTICS, INC.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8605 PALM RIVER ROAD 8605 PALM RIVER ROAD TAMPA, FL 33619 TAMPA, FL 33619 US

Current Mailing Address: New Mailing Address:

8605 PALM RIVER ROAD 8605 PALM RIVER ROAD TAMPA, FL 33619 TAMPA, FL 33619 US

FEI Number: 59-1908586 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:

ANTHONY E VELAZQUEZ VELAZQUEZ, ANTHONY PSTD 8605 PALM RIVER RD 8605 PALM RIVER RD TAMPA, FL 33619 US TAMPA, FL 33619 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: ANTHONY VELAZQUEZ 01/09/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: PSTD (X) Change () Addition Name: VELAZQUEZ, ANTONIO, Name: VELAZQUEZ, ANTHONY Address: 8605 PALM RIVER RD

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33619 US

Title: D () Delete Title: VD (X) Change () Addition Name: VELAZQUEZ, DOLORES P, Name: HENRIQUEZ, JOANNA

 Name:
 VELAZQUEZ, DOLORES P,
 Name:
 HENRIQUEZ, JOANNA

 Address:
 912 W ADALEE ST
 Address:
 18105 SPENCER RD

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:
 ODESSA, FL 33556 US

Title: PSTD () Delete Title: D (X) Change () Addition

Name: VELAZQUEZ, ANTHONY E,
Address: 17750 OAKBRIDGE ST.
City-St-Zip: TAMPA, FL

Name: VELAZQUEZ, DOLORES
Address: 912 W ADALEE ST
City-St-Zip: TAMPA, FL 33603

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: ANTHONY VELAZQUEZ PSTD 01/09/2007