
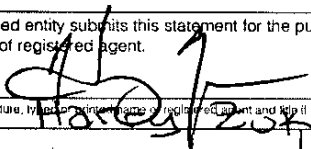



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90049 046 \*\*\*150.00

DOCUMENT # P04000102493					
1. Entity Name MEDESIGNS, INC.					
Principal Place of Business 2895 TIMBERCREEK CIRCLE BOCA RATON, FL 33431			Mailing Address 2895 TIMBERCREEK CIRCLE BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 55-0874936	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZUKER, HARRY 1900 NW CORPORATE BLVD #102W BOCA RATON, FL 33431			Name Zuker, Harry		
			Street Address (P.O. Box Number is Not Acceptable) 4800 N. Federal Hwy		
			Suite B205		
			City Boca Raton FL Zip Code 33431		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, in blue or black ink, of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)			DATE 1/8/07		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZUKER, TAMRA	NAME			
STREET ADDRESS	2895 TIMBERCREEK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 1/8/07 561-756-3140 Daytime Phone #		

60002079

