2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030650

Entity Name: INTERCHANGE MEDICAL, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2821 E COMMERCIAL BLVD., SUITE 201 2821 E COMMERCIAL BLVD., FORT LAUDERDALE, FL 33308 #201 FORT LAUDERDALE, FL 33308 **Current Mailing Address: New Mailing Address:** 2821 E COMMERCIAL BLVD., SUITE 201 2821 E COMMERCIAL BLVD., FORT LAUDERDALE, FL 33308 #201 FORT LAUDERDALE, FL 33308 FEI Number: 65-0908988 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: MORADI, AHMAD MORADI, AHMAD 2821 E COMMERCIAL BLVD., SUITE 201 2821 E COMMERCIAL BLVD., FORT LAUDERDALE, FL 33308 #201 FORT LAUDERDALE, FL 33308 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: 04/29/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MORADI, AHMAD Name: Name: 2821 E COMMERCIAL BLVD., SUITE 201 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: () Delete Title: VPD Title: () Change () Addition Name: DONALD, SMITH Name: 18691 PLUMOSA STREET Address: Address: FOUNTAIN VALLEY, CA 92708 City-St-Zip: City-St-Zip: Title: Title: STD () Delete () Change () Addition PAULL, RICHARD J Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RICHARD J PAULL STD 04/29/2009

2821 E COMMERCIAL BLVD., SUITE 201

FORT LAUDERDALE, FL 33308

Address: City-St-Zip: