

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 327917

FILED
Apr 10, 2005
Secretary of State

Entity Name: ORTHOPEDIC BRACE, INC.

Current Principal Place of Business:

1330 SOUTH OAK STREET
MELBOURNE, FL 32901

New Principal Place of Business:

836 EXECUTIVE LANE
SUITE 110
ROCKLEDGE, FL 32955

Current Mailing Address:

1330 SOUTH OAK STREET
MELBOURNE, FL 32901

New Mailing Address:

836 EXECUTIVE LANE
SUITE 110
ROCKLEDGE, FL 32955

FEI Number: 59-1202790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, BONNIE J
1330 S OAK STREET
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

BANKS, BONNIE J
836 EXECUTIVE LANE
SUITE 110
ROCKLEDGE, FL 32955 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:

04/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WILKINS,JOHN G.,
Address: 1330 S. OAK STREET
City-St-Zip: MELBOURNE, FL

Title: P () Delete
Name: WILKINS KAREN,
Address: 1330 S. OAK ST
City-St-Zip: MELBOURNE, FL

Title: VP () Delete
Name: HARRELL, NEEDHAM E
Address: 3455 GRANT RD
City-St-Zip: GRANT, FL

Title: TS () Delete
Name: BANKS, BONNIE J
Address: 1330 OAKS STREET
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WILKINS,JOHN G.,
Address: 836 EXECUTIVE LANE SUITE 110
City-St-Zip: ROCKLEDGE, FL 32955

Title: P (X) Change () Addition
Name: WILKINS KAREN,
Address: EXECUTIVE LANE SUITE 110
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: TS (X) Change () Addition
Name: BANKS, BONNIE J
Address: 836 EXECUTIVE LANE SUITE 110
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BONNIE J BANKS

TS

04/10/2005

Electronic Signature of Signing Officer or Director

Date