

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 365061

FILED
Feb 25, 2005
Secretary of State

Entity Name: DEPAULIS THERAPY EQUIPMENT CO.

Current Principal Place of Business:

1844 W FAIRBANKS AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1844 W FAIRBANKS AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1301730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPAULIS, DON
1844 W. FAIRBANKS AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: DANIEL, PAPPADAKIS
Address: 7145 LAKE DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: STPD () Delete
Name: DEPAULIS, DONALD,
Address: 7145 LAKE DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: CDV (X) Delete
Name: DEPAULIS, JOSEPH,
Address: 2220 POINSETTIA CR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change () Addition
Name: DANIEL, PAPPADAKIS
Address: 7145 LAKE DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: PD (X) Change () Addition
Name: DEPAULIS, JOSEPH F
Address: 2220 POINSETTA CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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

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: JOSEPH DEPAULIS

PD

02/25/2005

Electronic Signature of Signing Officer or Director

Date