2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 365061

Entity Name: DEPAULIS THERAPY EQUIPMENT CO.

FILED Jun 01, 2009 Secretary of State

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

1844 W FAIRBANKS AVE 1844 W FAIRBANKS AVE WINTER PARK, FL 32789

SUITE 202

WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

1844 W FAIRBANKS AVE 1844 W FAIRBANKS AVE WINTER PARK, FL 32789

SUITE 202

WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 59-1301730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DEPAULIS, DON DEPAULIS, DON 1844 W. FÁIRBANKS AVE.

1844 W. FAIRBANKS AVE. WINTER PARK, FL 32789 US SUITE 202 WINTER PARK, FL 32789 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: 06/01/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

DVST () Delete Title: DVST (X) Change () Addition

DANIEL, PAPPADAKIS DEPAULIS, DONALD Name: Name: 7145 LAKE DRIVE 7145 LAKE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809

Title: PD Title: PD (X) Change () Addition () Delete

DEPAULIS, JOSEPH F Name: DEPAULIS, JOSEPH F Name: 2220 POINSETTA CIRCLE Address: 2220 POINSETTA DRIVE Address: LONGWOOD, FL 32779 LONGWOOD, FL 32779 City-St-Zip: City-St-Zip:

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.

SIGNATURE: DONALD DEPAULIS **VST** 06/01/2009