

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843764

FILED
Apr 17, 2007
Secretary of State

Entity Name: MEDICAL ELECTRONICS DISTRIBUTORS, INC.

Current Principal Place of Business:

1319 CENTRAL AVE
KANSAS CITY, KS 66102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 45067
KANSAS CITY, MO 64171

New Mailing Address:

FEI Number: 43-1139824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIPSKY, E.C.,
Address: 4903 W 87TH
City-St-Zip: SHAWNE MISSION KS,

Title: D () Delete
Name: LIPSKY, J.H.,
Address: 8224 ROSEWOOD LN
City-St-Zip: PRAIRIE VILLAGE, KS

Title: SD () Delete
Name: SINGER, JENIECE
Address: 4921 W 87TH
City-St-Zip: SHAWNEE MISSION, KS

Title: T () Delete
Name: MARTIN, CLAY
Address: 1001 NW PECAN DR
City-St-Zip: GRAIN VALLEY, MO 64029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: CLAY MARTIN

TREA

04/17/2007

Electronic Signature of Signing Officer or Director

Date