
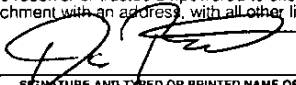


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90214 019 \*\*\*150.00

<b>DOCUMENT # F03000002976</b>					
1. Entity Name MDEVERYWHERE, INC.					
Principal Place of Business 26 CENTRAL AVENUE HAUPPAUGE, NY 11788			Mailing Address 26 CENTRAL AVENUE HAUPPAGUE, NY 11788		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3515813	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FETTEROLF, DAVID		NAME	Satish Tyagi	
STREET ADDRESS	270 SPAGNOLI RD., STE. 200		STREET ADDRESS	516 Common Wealth Ave	
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP	Newton, MA 02459	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHERMAN, JASON		NAME	Bill Williams	
STREET ADDRESS	144 COTTAGE ST.		STREET ADDRESS	1400 Faranhyll Ranch Road	
CITY-ST-ZIP	BROOKLINE, MA 02445		CITY-ST-ZIP	Glenwood Springs, Co 81601	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILYEW, ANN		NAME	Arthur H Spiegel	
STREET ADDRESS	6 BOURNE DALE RD.		STREET ADDRESS	28 Fox Lane	
CITY-ST-ZIP	JAMAICA PLAIN, MA 02130		CITY-ST-ZIP	Bedford Corners, NY 10549	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEGURSON, LARRY		NAME		
STREET ADDRESS	6800 MEDINAH COURT		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28210		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESENT, DOUGLAS		NAME		
STREET ADDRESS	25-A VREELAND RD., STE. 203		STREET ADDRESS		
CITY-ST-ZIP	FLORHAM PARK, NJ 07932		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, PATRICK		NAME		
STREET ADDRESS	1091 PONTE VEDRA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/25/05 631-232-4260		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		