

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001211

Entity Name: ORTHOREPS, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

1025 LAKEWAY DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1025 LAKEWAY DRIVE
NICEVILLE, FL 32578

New Mailing Address:

1025 LAKE WAY DRIVE
NICEVILLE, FL 32578

FEI Number: 20-0585573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIESEN, THOMAS
1025 LAKEWAY DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

MIESEN, THOMAS
1025 LAKE WAY DRIVE
NICEVILLE, FL 32578 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: THOMAS MIESEN

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: MIESEN, THOMAS
Address: 1025 LAKEWAY DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: VC () Delete
Name: CHERUBINI, JULIAN H
Address: 297 HIGH STREET
City-St-Zip: DEDHAM, MA 02026

Title: DST () Delete
Name: BRETZ, JONATHON
Address: 297 HIGH STREET
City-St-Zip: DEDHAM, MA 02026

Title: D () Delete
Name: SROUFE, JON
Address: 601 SROUFE STREET
City-St-Zip: LIGONIER, IN 46767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: MIESEN, THOMAS
Address: 1025 LAKE WAY DRIVE
City-St-Zip: NICEVILLE, FL 32578

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 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: THOMAS MIESEN

CP

01/07/2005

Electronic Signature of Signing Officer or Director

Date