

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000001988

1. Entity Name
SOPOREX RESPIRATORY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 AUG -3 PM 2:43

Principal Place of Business
102 ST. FRANCIS STREET
KENNETT, MO 63857

Mailing Address
1306 S 12TH STREET
MURRAY, KY 42071



2. Principal Place of Business - No P.O. Box #
1306 S. 12TH ST
Suite, Apt. #, etc.

3. Mailing Address
9330 LBJ FREEWAY
Suite, Apt. #, etc.
367

07112007 Chg-P CR2E034 (12/06)

City & State
MURRAY KY
Zip 42071 Country

City & State
DALLAS TX
Zip 75243 Country

4. FEI Number
20-3393709
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECK, TIMOTHY 102 ST. FRANCIS STREET KENNETT, MO 63857	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman / BD Stephen D. Linehan 9330 LBJ Freeway Suite 367 Dallas TX 75243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer / BD Richard J. Sabolik 9330 LBJ Freeway Suite 367 Dallas TX 75243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operations Officer / BD Sharon L. Tolliver 9330 LBJ Freeway Suite 367 Dallas TX 75243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Scott D. Smith 9330 LBJ Freeway Suite 367 Dallas TX 75243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / BD William W. Hewlett 9330 LBJ Freeway Suite 367 Dallas TX 75243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott D. Smith, Secretary

8/2/07 409 330 0937
Date Daytime Phone #



CORPORATION SERVICE COMPANY

RECEIVED

07 AUG -3 PM 1:23

ACCOUNT NO. : 072100000032

REFERENCE : 040272

AUTHORIZATION :

COST LIMIT : \$ 550.00

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
7491941

[Signature]

ORDER DATE : August 3, 2007

ORDER TIME : 11:48 AM

ORDER NO. : 040272-005

CUSTOMER NO: 7491941

ANNUAL REPORT FILING

NAME: SOPOREX RESPIRATORY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: _____