

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002027

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: LEDFORD MEDICAL ELECTRONICS, INC.

## Current Principal Place of Business:

1417 BOULDER CT  
NA  
GREENSBORO, NC 27409

## New Principal Place of Business:

## Current Mailing Address:

PO DRAWER 1889  
JAMESTOWN, NC 27282

## New Mailing Address:

FEI Number: 56-1360740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: LEDFORD, CHARLES  
Address: 1903 GUILFORD COLLEGE RD  
City-St-Zip: JAMESTOWN, NC 27282

Title: VD ( ) Delete  
Name: LDEFORD, HENRY  
Address: 3832 N MAIN STREET  
City-St-Zip: HIGH POINT, NC 27265

Title: SD ( ) Delete  
Name: LEDFORD, MICHAEL  
Address: 1815 GUILFORD COLLEGE RD  
City-St-Zip: JAMESTOWN, NC 27282

Title: TD ( ) Delete  
Name: LEDFORD, SARA DEAN  
Address: 1417 BOLDER CT  
City-St-Zip: GREENSBORO, NC 27409

Title: VD ( ) Delete  
Name: KIRKPATRICK, SALLY L  
Address: 369 TURNPIKE ROAD  
City-St-Zip: THOMASVILLE, NC 27360

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LEDFORD, CHARLES W  
Address: 1903 GUILFORD COLLEGE RD  
City-St-Zip: JAMESTOWN, NC 27282

Title: VD (X) Change ( ) Addition  
Name: LDEFORD, HENRY F  
Address: 3832 N MAIN STREET  
City-St-Zip: HIGH POINT, NC 27265

Title: SD (X) Change ( ) Addition  
Name: LEDFORD, MICHAEL D  
Address: 1815 GUILFORD COLLEGE RD  
City-St-Zip: JAMESTOWN, NC 27282

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: CHARLES W. LEDFORD

PD

01/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date