2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003049

Entity Name: INMED CORPORATION

Address:

City-St-Zip:

155 S. LIMERICK ROAD

LIMERICK, PA 19468

FILED Apr 20, 2007 Secretary of State

y							
Current Principal Place of Business:				New Principal Place of Business:			
2917 WEC RESEARC		PARK, NC 27709	US				
Current Mailing Address:				New Mailing Address:			
	ERICK ROAD , PA 19468	US					
FEI Number:	: 13-2779077	FEI Number Applied I	For () FEI Nu	mber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered A	Agent:	Name and	Address o	f New Registered Agent:	
1201 HAYS TALLAHAS	S STREET SSEE, FL 323						
	named entity e of Florida.	submits this statemer	nt for the purpose o	of changing it	s registere	d office or registered agent, or both,	
SIGNATU	RE:						
	Electron	nic Signature of Regis	stered Agent			Date	
Election Car	mpaign Financin	g Trust Fund Contributio	on ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	S (SHARO, CYNTI 155 S. LIMERI LIMERICK, PA	CK ROAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T (JACOBS, C. JE 155 S LIMERIC LIMERICK, PA	CK RD.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X SHARP, CLAY 155 S. LIMERI LIMERICK, PA	CK ROAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	WHITTAKER, F	SAN ROAD #120		Title: Name: Address: City-St-Zip:	P WAASER, R 2917 WECK RESEARCH		
Title: Name:	D (GORDON, KEV) Delete 'IN K		Title: Name:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: C. JEFFREY JACOBS TREA 04/20/2007