2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005847

Entity Name: UROMED SUPPLIES, INC.

WEATHERFORD, JAMES A

DAWSONVILLE, GA 30534

256 OVERLOOK ROAD

Name:

Address:

City-St-Zip:

FILED Feb 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1095 WINDWARD RIDGE PKWY SUITE 170 ALPHARETTA, GA 30005 **New Mailing Address: Current Mailing Address:** 1095 WINDWARD RIDGE PKWY SUITE 170 ALPHARETTA, GA 30005 FEI Number: 58-2215607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURNS, HERBERT II 1546 BULLBUSH WAY OVIEDO, FL 32765 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DORMINEY, KEITH B DORMINEY, KEITH B Name: Name: 8490 EDWARDTON DRIVE 5950 LAKESIDE CT. Address: Address: City-St-Zip: ROSWELL, GA 30075 City-St-Zip: GAINESVILLE, GA 30506 Title: DV () Delete Title: () Change () Addition Name: BURNS, HERBERT C III Name: 435 LONGWOOD LANE Address: Address: ALPHARETTA, GA 30004 City-St-Zip: City-St-Zip: Title: Title: DP () Delete () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JIM WEATHERFORD DP 02/28/2007