2005 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # G91933**



FILED Feb 25, 2005 8:00 am Secretary of State 02-25-2005 90155 009 ***150.00

| SIGNATURE Signature Signa | 1. Entity Nam SONSHIN | | CAL AND SURGIO | CAL SUPPLIES, INC. | | | 02-23-2003 | 0133 003 | 150 | .00 | |
|--|--|-----------------------|-----------------------------|---------------------|---------------------------------------|--|----------------------|-------------|-----------|------------|--|
| 4.011 US HWY 27 S SEBRING, FL 33870 2. Principal Place of Business Sutin, Appl. #, ctc. Sutin, Appl. #, ctc. Sutin, Appl. #, ctc. City & State City & State Country 2. Principal Place of Business City & State Country 2. Principal Place of Business City & State City & State Country 2. Principal Place of Business City & State Country 2. Principal Place of Business City & State Country 3. Mailling Addross 4. FEI Number 5. Certificate of Status Desired St | Principal Place of Rucinoss | | | Mailing Address | Mailing Addrage | | | | | , n , | |
| Suitin, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Sec. | 4011 US HWY 27 S | | | 4011 US HWY 27 S | 4011 US HWY 27 S | | | 0, | ,019 | 44.6 | |
| City 6 State City | 2. Principal P | lace of Busin | ess | 3. Mailing Address | 3. Malling Address | | | | | | |
| Country | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | Chg-P | CR2E03 | 4 (10/03) | | |
| S. Certificate of Status Desired | City & State | | | City & State | City & State | | · - · | | | | |
| Name | Zip | | · | | Country | 5. Certificate | of Status Desired | | | | |
| SEBRING, FL 33875 Street Address (P.O. Box Number is Not Acceptable) Street Add | | 6. Name | and Address of Curren | t Registered Agent | | | | | | | |
| SITER Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named onlity 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 acceptable of registered agent. SIGNATURE Signature, hone or protect number of registered agent and little agelcoile. (NOTE Registered Agent | CEITZ MADIA | | | | | ivame | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, topse or pretect name of registered agent and bits of applicable. (NOTE Registered Agent ognature required when remarkshing) DATE | 3810 MEDINA WAY | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE | | | | | | | | FI. | Zip Code |) | |
| SITERET MODERS STREET MODERS STREET MODERS STREET MODERS STREET ADDRESS CITY-ST-ZIP TITLE NAME | 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 | | | | | | | | | | |
| ### After May 1, 2005 Fee will be \$50.00 Trust Fund Contribution | | | | | | | | | | | |
| TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CIT | | | | | | \$5.00 May Be Added to Fees | | | | | |
| NAME SITRET ADDRESS CITY-ST-ZIP TITLE NAME SITRET ADDRESS CITY-ST-ZIP SITRET ADDRESS CITY-ST- | 10. | | OFFICERS AND | | 11. | ADDITIONS | /CHANGES TO OFF | ICERS AND I | DIRECTORS | IN 11 | |
| NAME SIREET ADDRESS CITY-ST-ZIP SEBRING, FL 33875 CITY-ST-ZIP ITTLE NAME SIREET ADDRESS SIREET | NAME STREET ADDRESS | SEITZ, JO 18546 OT | TERWOOD AVE | ☐ Delete | name Street address | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | SEITZ, M/ 3810 MED | OINA WAY | ☐ Delete | NAME STREET ADDRESS | | | | Change | ☐ Addition | |
| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | | ☐ Delete | NAME STREET ADDRESS | | | | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | | ☐ Delete | name Street address | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | | ☐ Delete | NAME STREET ADORESS | | | | Change | Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information | NAME STREET ADDRESS CITY-ST-ZIP | certify that th | e information supplied with | | NAME STREET ADDRESS CITY-ST-ZIP | in Section 119 07/2 | (i) Florida Statutos | | | Addition | |

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: _