

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41456

FILED
Jan 14, 2006
Secretary of State

Entity Name: KASTLE PROSTHETIC SERVICE, INC.

Current Principal Place of Business:

2160 SUNNYDALE BLVD.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2160 SUNNYDALE BLVD.
SUITE B
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-2487949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREA E. FRALEY, ESQ.
8433 FLAGSTONE DRIVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

ANDREA E. FRALEY, ESQ.
4301 SAN JUAN
TAMPA, FL 33629 US

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:

01/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BARRON, FLORENTINO J, .
Address: 309 ARBOR DR., EAST
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VSD () Delete
Name: BARRON, SHEILA E.,
Address: 309 ARBOR DR., EAST
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHEILA E. BARRON

VSD

01/14/2006

Electronic Signature of Signing Officer or Director

Date