

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96645

FILED
Mar 15, 2007
Secretary of State

Entity Name: GARRISON'S PROSTHETIC SERVICE, INC.

Current Principal Place of Business:

17184 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

17184 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-2634748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRISON, KEVIN
17184 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

GARRISON, KEVIN S
17184 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 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: KEVIN S GARRISON

03/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARRISON, KEVIN S.,
Address: 3165 WINDMILL RANCH ROAD
City-St-Zip: WESTON, FL 33331

Title: VP () Delete
Name: GARRISON, CATHERINE
Address: 3165 WINDMILL RANCH RD
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GARRISON, KEVIN S.,
Address: 3165 WINDMILL RANCH ROAD
City-St-Zip: WESTON, FL 33331

Title: VP (X) Change () Addition
Name: GARRISON, CATHELINE
Address: 3165 WINDMILL RANCH RD
City-St-Zip: WESTON, FL 33331

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: KEVIN S GARRISON

PRES

03/15/2007

Electronic Signature of Signing Officer or Director

Date