

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90001 014 \*\*\*150.00

<b>DOCUMENT # J62692</b> 1. Entity Name <b>MEDICAL ENERGY, INC.</b>			
Principal Place of Business <b>225 E. ZARAGOZA ST</b> <b>PENSACOLA, FL 32501 US</b>		Mailing Address <b>P.O. DRAWER 12545</b> <b>PENSACOLA, FL 32591-2545 US</b>	
2. Principal Place of Business <b>8806 PAUL Starr Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 12545</b> Suite, Apt. #, etc.	
City & State <b>Pensacola, FL</b>		City & State <b>Pensacola, FL</b>	
Zip <b>32514</b>		Zip <b>32591-2545</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2778831</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEWING, DAVID P</b> <b>225 E. ZARAGOZA ST</b> <b>PENSACOLA, FL 32501</b>		7. Name and Address of New Registered Agent Name <b>LEWING, DAVID P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8806 PAUL Starr Dr</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32514</b>	
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 the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>LEWING, DAVID P</b> STREET ADDRESS <b>225 E ZARA GOZA ST</b> CITY-ST-ZIP <b>PENSACOLA, FL 325026048</b>	<input type="checkbox"/> Delete	TITLE <b>President/CEO</b> NAME <b>DAVID P. LEWING</b> STREET ADDRESS <b>8806 PAUL Starr Dr.</b> CITY-ST-ZIP <b>Pensacola FL 32514</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		2/21/06 850 476 8113-New 850 469 1777-old	