

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90044 047 ***150.00

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| DOCUMENT # J62692 |  |
| 1. Entity Name MEDICAL ENERGY, INC. | |

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| Principal Place of Business 8806 PAUL STARR DR PENSACOLA FL 32514 US | Mailing Address P.O. BOX 12545 PENSACOLA FL 32591-2545 US |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 8806 PAUL STARR DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/07)

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|--------------------------------------|------------------------------------|---|
| City & State PENSACOLA, FL | 4. FEI Number 59-2778831 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32514 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent LEWING, DAVID P 8806 PAUL STARR DR PENSACOLA FL 32514 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

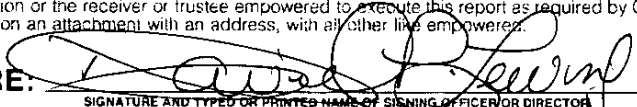
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO LEWING, DAVID P 8806 PAUL STARR DR. PENSACOLA FL 32514 <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 |
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| 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 Section 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 empowerers.

SIGNATURE:  **3/28/08** **850 446 8113** **850 313 6277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #