

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50234

FILED
Apr 25, 2004
Secretary of State

Entity Name: RESPIRATORY MEDICAL INC.

Current Principal Place of Business:

508 CENTRAL AVE.
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

508 CENTRAL AVE.
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 59-2935017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERARD BUCHAN
508 CENTRAL AVENUE
CRESCENT CITY, FL 32112 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUCHAN, GERARD
Address: 1001 GRAND RONDO ROAD
City-St-Zip: CRESCENT CITY, FL

Title: SD () Delete
Name: BUCHAN, BARRY
Address: RR 2 BOX 77 AA
City-St-Zip: CRESCENT CITY, FL 32112

Title: VD () Delete
Name: AMIN, MUKESH
Address: 1048 PIONEER DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUCHAN, GERARD
Address: 1001 GRAND RONDO ROAD
City-St-Zip: CRESCENT CITY, FL 32112

Title: SD (X) Change () Addition
Name: BUCHAN, BARRY
Address: 589 OLD HWY 17
City-St-Zip: CRESCENT CITY, FL 32112

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 Section 119.07(3)(i), 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: GERARD BUCHAN

PD

04/25/2004

Electronic Signature of Signing Officer or Director

_____ Date