2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L05000116765

Entity Name: MEDKITS, LLC

Current Principal Place of Business:

4626 UNIVERSITY DRIVE
CORAL GABLES, FL 331461149

New Principal Place of Business:

4626 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

Current Mailing Address:

4626 UNIVERSITY DRIVE
CORAL GABLES, FL 331461149

New Mailing Address:

4626 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

FEI Number: 33-1126761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OMAN, EARL K
4626 UNIVERSITY DRIVE
CORAL GABLES, FL 331461149 US

Name and Address of New Registered Agent:

OMAN, EARL K
4626 UNIVERSITY DRIVE
CORAL GABLES, FL 33146 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: EARL K. OMAN 01/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OMAN, EARL K
Address: 4626 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 331461149

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OMAN, EARL K
Address: 4626 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EARL K. OMAN PRES 01/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date