


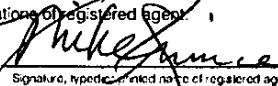
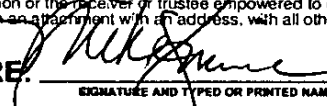
**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 8:00 am**  
**Secretary of State**

01-06-2006 90001 010 \*\*\*150.00

**60000161**



<b>DOCUMENT # L06942</b>			
1. Entity Name <b>PRINCE MEDICAL, INC.</b>			
Principal Place of Business <b>% MIKE PRINCE 1522 S.W. 112TH ST. GAINESVILLE, FL 32607</b>		Mailing Address <b>% MIKE PRINCE 1522 S.W. 112TH ST. GAINESVILLE, FL 32607</b>	
2. Principal Place of Business <b>304 SW 140TH TERRACE</b>		3. Mailing Address <b>304 SW 140TH TERRACE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NEWBERRY FL</b>		City & State <b>NEWBERRY FL</b>	
Zip <b>32669</b>		Zip <b>32669</b>	
Country		Country	
4. FEI Number <b>59-2956962</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>PRINCE, MIKE 1522 S.W. 112TH STREET GAINESVILLE, FL 32607</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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)	
<b>FILE NOW!!! FEE IS \$150.00 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<b>PSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRINCE, P. MICHAEL</b>	NAME	
STREET ADDRESS	<b>1522 SW 112TH ST.</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, FL</b>	CITY - ST - ZIP	
TITLE	<b>VPTD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRINCE, TAMMY J</b>	NAME	
STREET ADDRESS	<b>1522 SW 112TH STREET</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, FL</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 		Date <b>1/05/06</b> Daytime Phone # <b>352-332-0376</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	