

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11075

FILED
May 01, 2007
Secretary of State

Entity Name: MEDWARE, INC.

Current Principal Place of Business:

2250 LUCIEN WAY
SUITE 305
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2250 LUCIEN WAY
SUITE 305
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2962333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLANNERY, DONALD J.
597 RIVERWOODS TRAIL
CHULUOTA, FL 32766 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: FLANNERY, DONALD J.,
Address: 597 RIVERWOODS TR
City-St-Zip: CHULUOTA, FL

Title: DVS () Delete
Name: FLANNERY, KEITH J.,
Address: 7908 LAKEDAWN DR.
City-St-Zip: ORLANDO, FL 32792

Title: DVS () Delete
Name: FLANNERY, EARL D
Address: 2899 STRAND CIR
City-St-Zip: OVIEDO, FL 32765

Title: DVT () Delete
Name: FLANNERY, LAURA J
Address: 597 RIVER WOODS TR
City-St-Zip: CHULUOTA, FL 32766

Title: DVT () Delete
Name: FLANNERY, LEE A
Address: 850 LOOKOUT POINTE
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD J FLANNERY

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05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date