2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# L25575

Entity Name: MEDICAL ALTERNATIVES, INC.

Current Principal Place of Business:

237 MEADOW BEAUTY TERRACE
SANFORD, FL 32771 US

New Principal Place of Business:

5053 HAWKS HAMMOCK WAY
SANFORD, FL 32771 US

Current Mailing Address:

P.O. BOX 950962
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-2973037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAHADI, PATTI A.
237 MEADOW BEAUTY TERR
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

SAHADI, PATTI A.
5053 HAWKS HAMMOCK WAY
SANFORD, FL 32771 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: _____ 01/06/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAHADI, PATTI A
Address: 237 MEADOW BEAUTY TERRACE
City-St-Zip: SANFORD, FL 32711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAHADI, PATTI A
Address: 5053 HAWKS HAMMOCK WAY
City-St-Zip: SANFORD, FL 32711

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: PATTI A SAHADI PRES 01/06/2005
Electronic Signature of Signing Officer or Director — Date