

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95805

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PORTABLE HOME RESPIRATORY, INC.

## Current Principal Place of Business:

4990 S.W. 52ND ST.  
STE 211  
FT. LAUDERDALE, FL 33314 US

## New Principal Place of Business:

## Current Mailing Address:

4990 SW 52ND ST  
SUITE 211  
FT. LAUDERDALE, FL 33314 US

## New Mailing Address:

FEI Number: 65-0213528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SELBY, EDITH E.  
470 SW PETERSBURG TERR  
PLANTATION, FL 33325 US

## Name and Address of New Registered Agent:

SELBY, EDITH  
470 SW PETERSBURG TERR  
PLANTATION, FL 33325 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: EDITH SELBY

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: SELBY, EDITH  
Address: 470 SW PETERSBURG TERR  
City-St-Zip: PLANTATION, FL 33325

Title: DP ( ) Delete  
Name: SELBY, WILLIAM  
Address: 470 SW PETERSBURG TERR  
City-St-Zip: PLANTATION, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition  
Name: SELBY, EDITH  
Address: 470 SW PETERSBURG TERR  
City-St-Zip: PLANTATION, FL 33325

Title: DP (X) Change ( ) Addition  
Name: SELBY, WILLIAM  
Address: 470 SW PETERSBURG TERR  
City-St-Zip: PLANTATION, FL 33325

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: EDITH SELBY

DST

04/29/2009

Electronic Signature of Signing Officer or Director

Date