

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001003

FILED
Apr 09, 2008
Secretary of State

Entity Name: THE PULMONARY PAPER, INC.

Current Principal Place of Business:

21 SILVER FOX TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 877
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 59-3168460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELYEA, CELESTE
21 SILVER FOX TRAIL
ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BELYEA, CELESTE
Address: 21 SILVER FOX TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete
Name: COPPOLO, DOMINIC
Address: 101 MAIN ST
City-St-Zip: CHERRY VALLEY, NY 13320

Title: VD () Delete
Name: BAUER, MICHAEL M
Address: 1 ATWELL RD.
City-St-Zip: COOPERSTOWN, NY 13325

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTE BELYEA

PTD

04/09/2008

Electronic Signature of Signing Officer or Director

Date