

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054147

FILED
Apr 18, 2006
Secretary of State

Entity Name: CORALMED.COM, INCORPORATED

Current Principal Place of Business:

P.O. BOX 622048
OVIEDO, FL 327622048

New Principal Place of Business:

P.O. BOX 533838
ORLANDO, FL 328533838 US

Current Mailing Address:

P.O. BOX 622048
OVIEDO, FL 327622048

New Mailing Address:

P.O. BOX 533838
ORLANDO, FL 328533838 US

FEI Number: 59-3647175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIZ, MARK
14 N. MILLS AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GRIZ, MARK T
14 N. MILLS AVENUE
ORLANDO, FL 32801 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: MARK T. GRIZ

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIZ, MARK
Address: 14 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK T. GRIZ

PRES

04/18/2006

Electronic Signature of Signing Officer or Director

Date