2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055844

Entity Name: MEDICALMEALS, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2807 SW 5TH STREET BOYNTON BEACH, FL 33435 **Current Mailing Address: New Mailing Address:** 2807 SW 5TH STREET BOYNTON BEACH, FL 33435 FEI Number: 65-1022603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAMS, JOHN R ESQ C/O JOHN ROSS P.A. 101 SE 6TH AVE STE G DELRAY BEACH, FL 33483 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPCT () Delete () Change () Addition LUNSFORD, KELLEY E Name: Name: 2807 SW 5TH STREET Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: Title: DS () Delete () Change () Addition Name: GUY, GELIN Name: 2697 NW 70TH AVE Address: Address: MARGATE, FL 33063 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JAKEY, BRYANT Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KELLEY LUNSFORD **DPCT** 05/01/2006

19800 US HIGHWAY 1 UNIT 206

TEQUESTA, FL 33469

Address: City-St-Zip: