

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055844

Entity Name: MEDICALMEALS, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

2807 SW 5TH STREET
BOYNTON BEACH, FL 33435

New Principal Place of Business:

255 NORTHEAST 2ND AVENUE
SUITE 203
DELRAY BEACH, FL 33483

Current Mailing Address:

2807 SW 5TH STREET
BOYNTON BEACH, FL 33435

New Mailing Address:

255 NORTHEAST 2ND AVENUE
SUITE 203
DELRAY BEACH, FL 33483

FEI Number: 65-1022603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOHN R ESQ
C/O JOHN ROSS P.A.
101 SE 6TH AVE STE G
DELRAY BEACH, FL 33483 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCT () Delete
Name: LUNSFORD, KELLEY E
Address: 2807 SW 5TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DS () Delete
Name: GUY, GELIN
Address: 2697 NW 70TH AVE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: JAKEY, BRYANT
Address: 19800 US HIGHWAY 1 UNIT 206
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: JON, HERRING
Address: 104 NORTHEAST 4TH AVENUE, APT A
City-St-Zip: DELRAY BEACH, FL 33483

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

SIGNATURE: /KELLEY LUNSFORD/

DPCT

04/30/2007

Electronic Signature of Signing Officer or Director

Date