2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P01000036123

Entity Name: HOME RESPIRATORY SOLUTION'S INC.

Current Principal Place of Business:

806-A E WADE STREET
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

3325 BARTLETT BLVD
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 57-1121667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TODD, BELINDA
806-G E WADE STREET
TRENTON, FL 32693 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: P ( ) Delete
Name: TODD, BELINDA
Address: 806-G E WADE STREET
City-St-Zip: TRENTON, FL 32693

Title: S ( ) Delete
Name: BETH COVEY, MARY
Address: 15401 VANTAGE PARKWAY WEST #100
City-St-Zip: HOUSTON, TX 77032

Title: DVP ( ) Delete
Name: GRIGGS, STEVE
Address: 3325 BARTLETT BLVD
City-St-Zip: ORLANDO, FL 32811

Title: AS ( ) Delete
Name: RUSSELL, JOSEPH
Address: 3325 BARTLETT BLVD
City-St-Zip: ORLANDO, FL 32811

Title: VP ( ) Delete
Name: LAWLER, SHARON
Address: 3325 BARTLETT BLVD
City-St-Zip: ORLANDO, FL 32811

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:

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

SIGNATURE: JOSEPH RUSSELL AS 04/27/2009

Electronic Signature of Signing Officer or Director — Date