

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053952

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: ORTHOTICS FOR LIFE, INC.

## Current Principal Place of Business:

401 COMMERCE WAY  
STE 109  
LONGWOOD, FL 32750

## New Principal Place of Business:

249 SHEPPARD STREET  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

P.O. BOX 952078  
LAKE MARY, FL 32795 US

## New Mailing Address:

FEI Number: 59-3729153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOGG, SHERI A  
401 COMMERCE WAY  
STE 109+  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

FOGG, SHERI A  
249 SHEPPARD STREET  
ALTAMONTE SPRINGS, FL 32701 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: \_\_\_\_\_

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FOGG, SHERI A  
Address: 249 SHEPPARD STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VST ( ) Delete  
Name: MCMILLEN, JAMES M  
Address: 954 LONGWOOD CLUB PLACE  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VST (X) Change ( ) Addition  
Name: FOGG, JONATHAN  
Address: 249 SHEPPARD STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHERI FOGG

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date