

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064738

FILED
Apr 29, 2005
Secretary of State

Entity Name: UNITY RESPIRATORY AND DIABETIC, INC.

Current Principal Place of Business:

3280 TAMIAMI TRAIL STE. 56A
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3280 TAMIAMI TRAIL STE. 56A
PORT CHARLOTTE, FL 33952

New Mailing Address:

3280-55A TAMIAMI TRAIL
PMB 285
PORT CHARLOTTE, FL 33952

FEI Number: 65-1118275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, CHRIS
23427 ABERDEEN AVE.
PORT CHARLOTTE, FL 33952 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: WAGNER, CHRIS
Address: 23427 ABERDEEN AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ST () Delete
Name: ABBATEMATTEO, JOE
Address: 173 SMALL ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CHRIS WAGNER

P

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date