2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101579

Entity Name: STETHOSCOPE HOLSTER, INC.

6479 90TH AVE. NORTH

PINELLAS PARK, FL 33782

Address:

City-St-Zip:

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6471 90TH AVE. NORTH PINELLAS PARK, FL 33782 **Current Mailing Address: New Mailing Address:** 6471 90TH AVE. NORTH PINELLAS PARK, FL 33782 FEI Number: 59-3750575 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: LEFEBVRE, GIGI C 6471 90TH AVE. NORTH PINELLAS PARK, FL 33782 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEFEBVRE, GIGI C Name: Name: 6471 90TH AVE. NORTH Address: Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: () Delete Title: Title: () Change () Addition Name: RATNER, COLLEEN G 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 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: GIGI C. LEFEBVRE PRES 03/27/2007