2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111812

Entity Name: MDL GROUP, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7305 HIDEAWAY TRAIL 1415 MAPLE STREET

NEW PORT RICHEY, FL 34655 US CLEARWATER, FL 33755 US

Current Mailing Address: New Mailing Address:

7305 HIDEAWAY TRAIL 1415 MAPLE STREET

NEW PORT RICHEY, FL 34655 US CLEARWATER, FL 33755 US

FEI Number: 59-3758589 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:

LEDFORD, JEMA DURAN
7305 HIDEAWAY TRAIL
1415 MAPLE STREET
1415 MAPLE STREET

NEW PORT RICHEY, FL 34655 US CLEARWATER, FL 33755 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: JEMA DURAN LEDFORD 04/30/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 LEDFORD, MICHAEL D
 Name:
 LEDFORD, MICHAEL D

 Address:
 7305 HIDEAWAY TRAIL
 Address:
 1415 MAPLE STREET

 City-St-Zip:
 NEW PORT RICHEY, FL 34655 US
 City-St-Zip:
 CLEARWATER, FL 33755 US

OKY-SI-ZIP. OLLANWATEK, TE 3733 03

Title: V () Delete Title: V (X) Change () Addition Name: LEDFORD, JEMA DURAN Name: LEDFORD, JEMA DURAN

Address: 7305 HIDEAWAY TRAIL Address: 1415 MAPLE STREET
City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: CLEARWATER, FL 33755 US

() Delete Title: Title: (X) Change () Addition FREUND, RICHARD LEDFORD, JEMA DURAN Name: Name: 14103 ASHBURN PLACE 1415 MAPLE STREET Address: Address: City-St-Zip: TAMPA, FL 33624 US City-St-Zip: CLEARWATER, FL 33755 US

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: MICHAEL D. LEDFORD PT 04/30/2006