2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# P01000116805

Entity Name: PREMIER CARDIO PULMONARY MEDICAL, INC.

Current Principal Place of Business:

22039 US 19 N.
CLEARWATER, FL 33765

New Principal Place of Business:

22089 US 19 N.
CLEARWATER, FL 33765

Current Mailing Address:

P.O BOX 16264
CLEARWATER, FL 33766 US

New Mailing Address:

FEI Number: 59-3760958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNS, KIMBERLY A
2406 HAZELWOOD LANE
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

JOHNS, KIMBERLY A
903 BELTED KINGFISHER DR S
PALM HARBOR, FL 34683 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: KIMBERLY JOHNS 01/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNS, KIMBERLY A
Address: 2406 HAZELWOOD LN
City-St-Zip: CLEARWATER, FL 33763

Title: VP (X) Delete
Name: JOHNS, DAVID H
Address: 2406 HAZELWOOD LANE
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOHNS, KIMBERLY A
Address: 903 BELTED KINGFISHER DR S
City-St-Zip: PALM HARBOR, FL 34683

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: KIMBERLY JOHNS PD 01/28/2005
Electronic Signature of Signing Officer or Director Date