2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# P01000116805

Entity Name: PREMIER CARDIO PULMONARY MEDICAL, INC.

Current Principal Place of Business:

22089 US 19 N.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

P.O BOX 16264
CLEARWATER, FL 33766 US

New Mailing Address:

22089 US HIGHWAY 19 N
CLEARWATER, FL 33765 US

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
903 BELTED KINGFISHER DR S
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

JOHNS, KIMBERLY A
115 DEERPATH DR
OLDSMAR, FL 34677 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 03/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOHNS, KIMBERLY A
Address: 115 DEERPATH DR
City-St-Zip: OLDSMAR, FL 34677

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: KIMBERLY JOHNS PD 03/28/2006
Electronic Signature of Signing Officer or Director Date