


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P0100017209 1. Entity Name PROTECTIVE MEDICAL PRODUCTS, INC.	
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Principal Place of Business 8946 OLD PASCO ROAD WESLEY CHAPEL, FL 33544	Main Address 8946 OLD PASCO ROAD WESLEY CHAPEL, FL 33544
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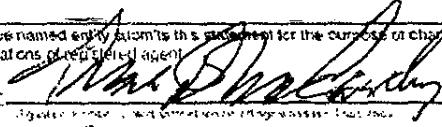


04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0534291	Added For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCARTHY, THOMAS D 8946 OLD PASCO ROAD WESLEY CHAPEL, FL 33544
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7. 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. I am familiar with and accept the qualifications of registered agent.

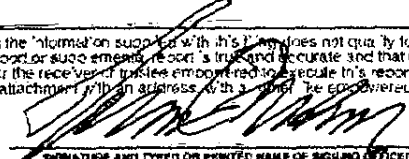
SIGNATURE:  **4-26-05**

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P MCCARTHY, SANDRA G 8946 OLD PASCO ROAD WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MCCARTHY, THOMAS D 8946 OLD PASCO RD. WESLEY CHAPEL, FL 33544
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04/28/05-80122-007 150.00

11. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or subsequent report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 10 of Book 11 if changed or on an attachment with an address with a change to be approved.

SIGNATURE:  **4-26-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR