2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119468

FILED
May 08, 2006
Secretary of State

Entity Name: MYMEDICALFORMS.COM, INC.

Current Principal Place of Business:

266 WILSHIRE BLVD STE 135
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

P O BOX 5725
WINTER PARK, FL 327935725

New Mailing Address:

FEI Number: 04-3672488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARMAKOWICZ, EDWARD A
266 WILSHIRE BLVD STE 135
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: JARMAKOWICZ, EDWARD A
Address: 266 WILSHIRE BLVD STE 135
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: EDWARD JARMAKOWICZ PSTD 05/08/2006
Electronic Signature of Signing Officer or Director Date