


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90016 006 ***150.00

DOCUMENT # P02000000727

1. Entity Name
AED MED DIRECT, INC.



Principal Place of Business Mailing Address
148 W STATE RD 434 **148 W STATE RD 434**
WINTER SPRINGS, FL 32708 **WINTER SPRINGS, FL 32708**

2. Principal Place of Business 3. Mailing Address
3040 TUSKAWILLA RD S **3040 TUSKAWILLA RD S**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OVIEDO FL **OVIEDO FL**
 Zip Country Zip Country
32765 USA **32765 USA**



02122006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
03-0388475 Not Applicable

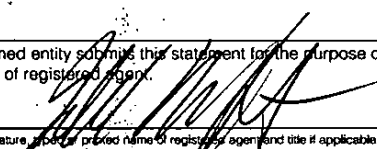
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HUSTY, TODD M
148 W STATE RD 434
WINTER SPRINGS, FL 32708

Name: **TODD M HUSTY**
 Street Address (P.O. Box Number is Not Acceptable): **3040 TUSKAWILLA RD SOUTH**
 City: **OVIEDO FL** Zip Code: **32765**

8. 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 obligations of registered agent.

SIGNATURE:  DATE: **2/13/06**

Signature of the officer or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTPENCE, CRAIG	NAME	
STREET ADDRESS	1608 LAMPLIGHTER WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTY, TODD M	NAME	
STREET ADDRESS	5680 S LAKE BURKETT LN	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowers.

SIGNATURE:  Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR