

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000727

Entity Name: AED MED DIRECT, INC.

FILED
Jan 13, 2008
Secretary of State

Current Principal Place of Business:

1608 LAMPLIGHTER WAY
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

1608 LAMPLIGHTER WAY
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 03-0388475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTPENCE, CRAIG A
1608 LAMPLIGHTER WAY
ORLANDO, FL 32818 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARTPENCE, CRAIG
Address: 1608 LAMPLIGHTER WAY
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Delete
Name: HUSTY, TODD M
Address: 5680 S LAKE BURKETT LN
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG A. HARTPENCE

PRES

01/13/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date