

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024137

Entity Name: R & D MEDICAL INC.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

1918 ASPEN RIDGE COURT
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4863
PIKEVILLE, TN 37367

New Mailing Address:

P.O. BOX 483
PIKEVILLE, TN 37367

FEI Number: 75-3031132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVELLE, H.S.
700 WOODBRIDGE PL
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

LEVELLE, H.S.
1177 LOUISIANA AVE STE 109
STE 109
WINTER PARK, FL 32789 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: H.S. LEVELLE

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LEVELLE, H.S.
Address: 27 CHERITH DRIVE
City-St-Zip: PIKEVILLE, TN 37367

Title: DS () Delete
Name: NOBLE, EMERSON
Address: 700 WOODBRIDGE PL
City-St-Zip: LONGWOOD, FL 32750

Title: DVP () Delete
Name: LEVELLE, KATHY
Address: 27 CHERITH CIRCLE
City-St-Zip: PIKEVILLE, TN 37367

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LEVELLE, H.S.
Address: 27 CHERITH CIRCLE
City-St-Zip: PIKEVILLE, TN 37367

Title: DS (X) Change () Addition
Name: NOBLE, EMERSON
Address: 1177 LOUISIANA AVE STE 109
City-St-Zip: WINTER PARK, FL 32789

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: H.S. LEVELLE

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date