2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P02000042728

Entity Name: LIFESAVERS HOME RESPIRATORY, INC.

Current Principal Place of Business:

2525 DRANEFIELD RD.
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

12157 W LINEBAUGH AVE #176
TAMPA, FL 33626

New Mailing Address:

FEI Number: 61-1411636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINACCI, MICHAEL
12157 W LINEBAUGH AVE #176
TAMPA, FL 33626 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: DP ( ) Delete
Name: MINACCI, MICHAEL
Address: 2525 DRANEFIELD RD.
City-St-Zip: LAKELAND, FL 33811

Title: S ( ) Delete
Name: WEEKS, BARBARA
Address: 2525 DRANEFIELD RD.
City-St-Zip: LAKELAND, FL 33811

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: BARBARA WEEKS S 04/24/2008

Electronic Signature of Signing Officer or Director — Date