

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048601

Entity Name: LIV MEDICA, INC.

FILED
May 05, 2005
Secretary of State

Current Principal Place of Business:

601 CLEVELAND ST.
820
CLEARWATER, FL 33755

Current Mailing Address:

601 CLEVELAND ST
820
CLEARWATER, FL 33755

New Principal Place of Business:

BRIAR CREEK DR.
458
HOCKESSIN, DE 19707

New Mailing Address:

BRIAR CREEK DR.
458
HOCKESSIN, DE 19707

FEI Number: 02-0619711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLSTEN, MICHAEL
605 ISLAND WAY
403
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

HOLSTEN, MICHAEL
458 BRIAR CREEK DR.
458
HOCKESSIN, DE, FL 19707 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:

05/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLSTEIN, MICHAEL
Address: 650 ISLAND WAY # 403
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOLSTEIN, MICHAEL
Address: 458 BRIAR CREEK DR.
City-St-Zip: HOCKESSIN, DE 19707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MH

D

05/05/2005

Electronic Signature of Signing Officer or Director

Date