2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2006
Secretary of State

DOCUMENT# P02000058258

Entity Name: WHEELER MEDICAL, INC.

Current Principal Place of Business:

10200 STATE ROAD 84
#227
DAVIE, FL 33324

New Principal Place of Business:

11481 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025

Current Mailing Address:

10200 STATE ROAD 84
#227
DAVIE, FL 33324

New Mailing Address:

11481 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025

FEI Number: 04-3674893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DASKOS, EMANUEL
10200 STATE ROAD 84
#227
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

DASKOS, EMANUEL
11481 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025 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: EMANUEL DASKOS 03/18/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DASKOS, EMANUEL
Address: 10200 STATE ROAD 84 #227
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DASKOS, EMANUEL
Address: 11481 INTERCHANGE CIRCLE SOUTH
City-St-Zip: MIRAMAR, FL 33025

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: EMANUEL DASKOS PRES 03/18/2006
Electronic Signature of Signing Officer or Director Date