2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086566

Entity Name: MONTER PEDIATRICS, INC.

FILED Aug 31, 2007 Secretary of State

	illicipal Place	of Business:	New Principal Place	of Business:
7620 GUNI SUITE 190 TAMPA, FL				
Current Mailing Address:			New Mailing Addres	ss:
7620 GUNI SUITE 190 TAMPA, FL				
FEI Number:	11-3649440	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	RD, CRAIG ESC LEON STREET 33606 US	Γ		
The above in the State		ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUR	RE:			
	Electroni	c Signature of Registered Ag	gent	Date
Election Carr	npaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:				
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
OFFICERS Title: Name: Address: City-St-Zip:	PSD () VALDES, TERES	Delete SA M HWAY, SUITE 190	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS () Change () Addition
Title: Name: Address:	PSD () VALDES, TERES 7620 GUNN HIG TAMPA, FL 336 VTD () VALDES, TERES	Delete SA M HWAY, SUITE 190 25 Delete SA M HWAY, SUITE 190	Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PSD () VALDES, TERES 7620 GUNN HIG TAMPA, FL 336 VTD () VALDES, TERES 7620 GUNN HIG TAMPA, FL 336 SEC () HAAG, STEVEN	Delete SA M HWAY, SUITE 190 25 Delete SA M HWAY, SUITE 190 25 Delete B HWAY, SUITE 190	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PSD () VALDES, TERES 7620 GUNN HIG TAMPA, FL 336 VTD () VALDES, TERES 7620 GUNN HIG TAMPA, FL 336 SEC () HAAG, STEVEN 7620 GUNN HIG TAMPA, FL 336 TRES () HAAG, STEVEN	Delete SA M HWAY, SUITE 190 25 Delete SA M HWAY, SUITE 190 25 Delete B HWAY, SUITE 190 25 Delete B HWAY, SUITE 190 25 Delete B HWAY, SUITE 190	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition

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: STEVEN B HAAG SEC 08/31/2007