2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 01, 2006 8:00 am Secretary of State 7, DOCUMENT # P02000094942 1. Entity Name 07-12-2006 90004 011 ***150.00 ALL MED NETWORK CORP 08-01-2006 90002 021 ***408.75 Principal Place of Business Mailing Address 2700 SW 3 AVENUE, SUITE 2E 2700 SW 3 AVENUE, SUITE 2E KZYGADUU MIAMI, FL 33129 MIAMI, FL 33129 . THE BUILD BUILD BUILD HE TO COME COME OF THE COME OF 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 35-2180966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, SANDRA DO NOT WRITE 1825 SW 12TH AVENUE MIAMI, FL 331295 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or primed harre of reductioned agent and tipe if applicable (NOTE Registered Agent signature recurred when reinstating) DATE 9. Election Cumpaign i rance g \$5.00 May Se FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FERNANDEZ, SANDRA NAME STREET ADDRESS 1825 SW 12TH AVENUE CITY-ST-ZIP MIAMI, FL 33129 his ··· 2700 SW 3 AVENUE, SUITE 2E STREE! ADORESS CITY-ST-ZIP MIAMI, FL 33129 HAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE THEF HAME STREET ADDRESS CITY-ST-ZIP HE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under earth; 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 in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

Date

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

rincipal Plac	e of Business		Mailing Adi	dress		V. S. F.		ATTA(CHME	NT	
2700 SW 3 AVENUE, SUITE 2E MIAMI, FL 33129		2700 SW 3 AVENUE, SUITE 2E MIAMI, FL 33129			5	002:	3 7	38			
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing A	Address					n.de		
		Suite, Apt. #, etc.				01262006	01262006 Chg-P		CR2E034 (11/05)		
			City & State					4. FEI Number 35-2180966		Applied For Not Applicab	
Zip	Cou	untry	Ζιρ		Coun	try		of Status Desired		\$8.75 Add	fitional
6. Name and Address of Current Registered Agent				jent		Name	7. Name and	Address of New	Registered	Agent	
FERNANDEZ, SANDRA 1825 SW 12TH AVENUE MIAMI, FL 33129						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Cod	e
	named entity submitions of registered a		or the purpose of	of changing its	registere	ed office or regis	stered agent, or bot	h, in the State of F		-	and accer
tive congat	nons or registered a	igen.									
CHATHRE											
GNATURE.	Signature, typed or printer	C name of registered agen	and tide if applicable	(NOTE	E Pegusteros	a Agent signature recu	ured when reinstating)		DATE		
FIL	Signature, typed or printer E NOW!!! FEE ay 1, 2006 Fee	IS \$150.00	9. Ei	ection Campai rust Fund Conti	ign Firián	cing _ \$	\$5.00 May Be -		DATE		
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