

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114721

Entity Name: ERGOMED PRODUCTS, INC.

FILED  
Apr 04, 2008  
Secretary of State

## Current Principal Place of Business:

2444 STONEVIEW RD.  
ORLANDO, FL 32806

## New Principal Place of Business:

## Current Mailing Address:

2444 STONEVIEW RD.  
ORLANDO, FL 32806

## New Mailing Address:

FEI Number: 81-0577257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUTCH, DOUGLAS W  
2444 STONEVIEW RD.  
ORLANDO, FL 32806 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: PD ( ) Delete  
Name: GUTCH, DOUGLAS W  
Address: 2444 STONEVIEW RD.  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: GUTCH, DOUGLAS W  
Address: 2444 STONEVIEW RD.  
City-St-Zip: ORLANDO, FL 32806

Title: PRES ( ) Change (X) Addition  
Name: GUTCH, SHERRY R PRES.  
Address: 2444 STONEVIEW RD.  
City-St-Zip: ORLANDO, FL 32806

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: DOUGLAS GUTCH

VP

04/04/2008

Electronic Signature of Signing Officer or Director

Date