2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# P03000002068

Entity Name: ENHANCEMED, INC.

Current Principal Place of Business:

251 MAITLAND AVENUE
SUITE 116
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

580 RINEHART ROAD
SUITE 110
LAKE MARY, FL 32746

Current Mailing Address:

251 MAITLAND AVENUE
SUITE 116
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

580 RINEHART ROAD
SUITE 110
LAKE MARY, FL 32746

FEI Number: 56-2311923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLINE, CATHY L
2895 OAK BLUFF WAY
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

KLINE, CATHY L
7287 WINDING LAKE CIRCLE
OVIEDO, FL 32765 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: CATHY L. KLINE 01/31/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: KLINE, CATHY L
Address: 2895 OAK BLUFF WAY
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: KLINE, CATHY L
Address: 7287 WINDING LAKE CIRCLE
City-St-Zip: OVIEDO, FL 32765

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: CATHY L. KLINE P/D 01/31/2006
Electronic Signature of Signing Officer or Director Date