2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-18-2005 90279 018 ***150.00 DOCUMENT # P03000030336 MEDICAL DIABETIC DISTRIBUTORS, INC. Principal Place of Business Mailing Address 66016683 197 HAMPTON CIRCLE 197 HAMPTON CIRCLE JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc.. CR2E034 (10/03) 28400 Applied For City & State City & State APPLIED FOR Flot Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired -5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENCHANSKY, MICHAEL DENNIS Street Address (P.O. Box Number is Not Acceptable) 197 HAMPTON CIRCLE JUPITER,, FL 33458 City Zip Code 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent agneture required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS'AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition PENCHANSKY, MICHAEL NAVE NAME 197 HAMPTON CIRCLE STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP City-SI-7P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z-P IIILE TITLE ☐ Delete ☐ Change ☐ Addition NAME MALES STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

05 X617 437243

FILED

May 12, 2005 8:00 am Secretary of State

IRS Department of the Treasury

ATTACHWENT

PHILADELPHIA PA 19255-0038

In reply refer to: 0532839993 May 12, 2004 LTR 147C 42-1628400 000000 00 000

BODC: SB

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MEDICAL DIABETIC DISTRIBUTORS INC 197 HAMPTON CIR JUPITER FL 33458

Employer Identification Number: 42-1628400

Dear Taxpayer:

We received your request dated May 03, 2004, Form SS-4

Your employer identification number (EIN) is 42-1628400. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

For your convenience, we have enclosed a Form 2553. Please complete it and forward it to the appropriate service center for processing.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number	()		Hours	
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