2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033299

Address:

City-St-Zip:

331 3RD ST., N.W.

WINTER HAVEN, FL 33881

Entity Name: MEDIFLEX RESOURCES, INC.

FILED Mar 01, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
331 3RD S WINTER H	ST., N.W. HAVEN, FL 33881	603 6TH ST NW WINTER HAVEN, FL 33881		
Current N	lailing Address:	New Mailing Address:		
331 3RD S WINTER H	BT., N.W. HAVEN, FL 33881	603 6TH ST NW WINTER HAVEN, FL 33881		
FEI Number	: 56-2337301 FEI Number Applied F	For () FEI Number Not Applicable () Certificate of Status Desired	()	
Name and	Address of Current Registered A	Agent: Name and Address of New Registered Agent:		
255 MAGN	HN, RICHARD E NOLIA AVE., S.W. HAVEN, FL 33880 US			
	named entity submits this statemen e of Florida.	It for the purpose of changing its registered office or registered agent, o	or both,	
SIGNATUI	RE:			
Flaction Co.	Electronic Signature of Regis	· ·		
	mpaign Financing Trust Fund Contributio			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRI	ECTOR	
Title: Name: Address: City-St-Zip:	D () Delete RICHERT, DWIGHT D 331 3RD ST., N.W. WINTER HAVEN, FL 33881	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () Delete RICHERT, BART W 331 3RD ST., N.W. WINTER HAVEN, FL 33881	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () Delete TRINKLEIN, STEVEN 331 3RD ST., N.W. WINTER HAVEN, FL 33881	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name:	D () Delete MERECKI, STEPHENIE	Title: () Change () Addition Name:		

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.

Address:

City-St-Zip:

SIGNATURE: STEVEN TRINKLEIN D 03/01/2006