

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074336

FILED
Apr 30, 2004
Secretary of State

Entity Name: PREVENTION MEDICAL PRODUCTS, INC.

Current Principal Place of Business:

7245 BLACKBIRD AVE
SPRING HILL, FL 34613

New Principal Place of Business:

7245 BLACKBIRD AVE
WEEKI WACHEE, FL 34613

Current Mailing Address:

7245 BLACKBIRD AVE
SPRING HILL, FL 34613

New Mailing Address:

7245 BLACKBIRD AVE
WEEKI WACHEE, FL 34613

FEI Number: 55-0838786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEBAU, LAURENCE W
7245 BLACKBIRD AVE
SPRING HILL, FL 34613

Name and Address of New Registered Agent:

RIEBAU, LAURENCE W PRES
7245 BLACKBIRD AVE
WEEKI WACHEE, FL 34613

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: LAURENCE W RIEBAU

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCALLAN, THEODORE P
Address: 206 PINE CONE DR
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D () Delete
Name: RIEBAU, LAURENCE W
Address: 72415 BLACKBIRD AVE
City-St-Zip: SPRING HILL, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RIEBAU, LAURENCE W PRES
Address: 72415 BLACKBIRD AVE
City-St-Zip: WEEKI WACHEE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURENCE W RIEBAU

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date