


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90728 048 \*\*\*150.00

<b>DOCUMENT # P03000080129</b>	
1. Entity Name <b>ACP MEDICAL SUPPLIES, INC.</b>	

Principal Place of Business <b>2114 HILLCREST ST. ORLANDO, FL 32803</b>	Mailing Address <b>2114 HILLCREST ST. ORLANDO, FL 32803</b>
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94057353

2. Principal Place of Business <b>118 Baywood Ave</b>	3. Mailing Address <b>118 Baywood Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Longwood FL</b>	City & State <b>Longwood FL</b>
Zip <b>32750</b>	Zip <b>32750</b>
Country <b>USA</b>	Country <b>USA</b>



04152004 Chg-P CR2E034 (10/03)

4. FEI Number <b>91-2198950</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<del>LANG, SHEILA S</del> <del>2114 HILLCREST ST</del> <del>ORLANDO, FL 32803</del>	

7. Name and Address of New Registered Agent	
Name <b>Brenda Fisher</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>118 Baywood Ave</b>	
City <b>Longwood</b>	FL Zip Code <b>32750</b>

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 	DATE <b>4-16-4</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>HUANG, MING JUE</b>	
STREET ADDRESS <b>15 CLAREDON DR,</b>	
CITY-ST-ZIP <b>RICHMOND HILL, ON L4B 2Z4</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE <b>4-16-4</b>	DAYTIME PHONE # <b>407-838-0588</b>
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