2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# P03000095140

Entity Name: ASTERI MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

48 SANDRA DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

PO BOX 11227
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 20-0201107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, KIMBERLY P
48 SANDRA DRIVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FARRELL, WILLIAM J
Address: 111 OLD CARRIAGE ROAD
City-St-Zip: PONCE INLET, FL 32127

Title: V ( ) Delete
Name: HARRISON, KIMBERLY P
Address: 48 SANDRA DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLY HARRISON V 01/11/2008

Electronic Signature of Signing Officer or Director Date