2008 FOR PROFIT CORPORATION

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| ANNUAL REPORT | | | | | Apr 14, 2008 08:0 Secretary of Sta | | | |
|--|--|--|-----------------------|--|---------------------------------------|---------------------------------------|--|--|
| 1. Entity Nan | MENT # P030000978 RESPIRATORY, INC. | 888 | | , . | | Secreta | ry of Sta | |
| Principal Place of Business 311 S WILLOW AVE STE 1 TAMPA, FL 33606 | | Mailing Address 311 S WILLOW AVE STE 1 TAMPA, FL 33606 | | 1 (0 1 (1 0 1) | 48188 | N 88118 1811 18881 1811 | H ININI JUJIARI II JURA | |
| | O NOT WRITE | IN THIS SPA | CE | 01252008 | No Chg-P | CR2E034 (1 | 1/05) | |
| | | | | 4. FEI Number 38-368 5. Certificate | | □ \$8.7 | Applied For Not Applicable 75 Additional Required | |
| | 6. Name and Address of Current Re HRISTOPHER M LOW AVE STE 1 L 33606 | gistered Agent | | DO | NOT W | RITE ACE | | |
| | e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and | | ed office or register | | th, in the State of Flo | prida. I am familia | with, and accept | |
| After M | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | <u>l</u> | | 00 May Be ed to Fees | | · · · · · · · · · · · · · · · · · · · | ER COFFEE STREET | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTV STINE, CHRIS 311 S WILLAN AVE, STE. 1 TAMPA, FL 33606 | 4ECTORS | | | 1 | #1 | 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | RITE | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | N Control of the Cont | HIS SF | ACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME Street address City-St-Zip | | | | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08

Daytime Phone #