

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099990

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PHYSICIANS PREFERRED PRODUCTS, INC.

## Current Principal Place of Business:

934 N. UNIVERSITY DRIVE  
8  
CORAL SPRINGS, FL 33071

## New Principal Place of Business:

10088 NW 3RD PLACE  
CORAL SPRINGS, FL 33071

## Current Mailing Address:

934 N. UNIVERSITY DRIVE  
8  
CORAL SPRINGS, FL 33071

## New Mailing Address:

10088 NW 3RD PLACE  
CORAL SPRINGS, FL 33071

FEI Number: 57-1186009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAGOO, GURDIP  
934 N. UNIVERSITY DRIVE  
8  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

SAGOO, GURDIP  
10088 NW 3RD PLACE  
CORAL SPRINGS, FL 33071 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAGOO, GURDIP  
Address: 934 N. UNIVERSITY DR #8  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: AVIT, CHANNE  
Address: 10088 NW 3RD PL  
City-St-Zip: POMPANO BEACH, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SAGOO, GURDIP  
Address: 10088 NW 3R PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP (X) Change ( ) Addition  
Name: AJIT, CHANNE  
Address: 10088 NW 3RD PL  
City-St-Zip: POMPANO BEACH, FL 33071

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: GURDIP SAGOO

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date