## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000112795

Address:

City-St-Zip:

TALLAHASSEE, FL 32308

Entity Name: CAPITAL DIABETIC SUPPLY INC.

Apr 24, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2510 MICCOSUKEE ROAD SUITE 103 TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 2510 MICCOSUKEE ROAD SUITE 103 TALLAHASSEE, FL 32308 FEI Number: 20-0311253 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, KLINE 2510 MICCOSUKEE ROAD SUITE 103 TALLAHASSEE, FL 32308 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MILLER, PAIGE Name: Name: 2510 MICCOSUKEE ROAD SUITE 103 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: MILLER, KLINE Name: 2510 MICCOSUKEE ROAD SUITE 103 Address:

City-St-Zip:

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 Statutés. 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: KLINE MILLER V.P. 04/24/2005