

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112795

FILED  
May 15, 2006  
Secretary of State

Entity Name: CAPITAL DIABETIC SUPPLY INC.

## Current Principal Place of Business:

2510 MICCOSUKEE ROAD SUITE 103  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

2744 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32308

## Current Mailing Address:

2510 MICCOSUKEE ROAD SUITE 103  
TALLAHASSEE, FL 32308

## New Mailing Address:

2744 CAPITAL CIRCLE N.E.  
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:

MILLER, KLINE  
2510 MICCOSUKEE ROAD SUITE 103  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

MILLER, KLINE  
2744 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32308 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: KLINE MILLER

05/15/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MILLER, PAIGE  
Address: 2510 MICCOSUKEE ROAD SUITE 103  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete  
Name: MILLER, KLINE  
Address: 2510 MICCOSUKEE ROAD SUITE 103  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MILLER, PAIGE  
Address: 2744 CAPITAL CIRCLE N.E.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change ( ) Addition  
Name: MILLER, KLINE  
Address: 2744 CAPITAL CIRCLE N.E.  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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: KLINE MILLER

V.P.

05/15/2006

Electronic Signature of Signing Officer or Director

Date