
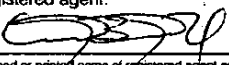
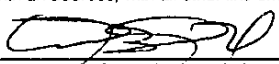


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90069 042 ***150.00

DOCUMENT # P04000019923 1. Entity Name A & S DISCOUNT MEDICAL SUPPLIES, INC.					
Principal Place of Business 239 LIVE OAK BVD. CASSELBERRY, FL 32707			Mailing Address 239 LIVE OAK BLVD. CASSELBERRY, FL 32707		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 406 clemson Dr.		Suite, Apt. #, etc.			
City & State Altamonte Springs		City & State Alt			
Zip 32714	Country USA	Zip 3	Country		
6. Name and Address of Current Registered Agent ROBLEDO, ARACELY 239 LIVE OAK BLVD. CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name Robledo, Aracely Street Address (P.O. Box Number is Not Acceptable) 406 clemson Dr. City Altamonte Spring FL Zip Code 32714		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 5/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD <input checked="" type="checkbox"/> ROBLEDO, ARACELY 239 LIVE OAK BLVD. CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD <input checked="" type="checkbox"/> Aracely Robledo 406 clemson Dr. Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: 			DATE: 5/1/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		