

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052553

Entity Name: ENDOSCOPY RESOURCES, INC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

5889 S. WILLIAMSON BLVD
SUITE 219
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

5889 S. WILLIAMSON BLVD
SUITE 219
PORT ORANGE, FL 32128 US

New Mailing Address:

FEI Number: 20-0892229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, SCOTT P
129 OPAL HILL CIRCLE
DAYTONA BEACH, FL 32124 US

Name and Address of New Registered Agent:

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:

Title: VP () Delete
Name: MASON, BRUCE A
Address: 979 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720 US

Title: P () Delete
Name: MASON, SCOTT P
Address: 129 OPAL HILL CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MASON, BRUCE A
Address: 348 PERFECT DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT P MASON

P

01/03/2007

Electronic Signature of Signing Officer or Director

Date