

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078915

Entity Name: PAIN MEDS INC.

FILED
Mar 11, 2005
Secretary of State

Current Principal Place of Business:

8267 COMMERCIAL WAY
SPRING HILL, FL 34613

New Principal Place of Business:

8267 COMMERCIAL WAY
WEEKI WACHEE, FL 34613

Current Mailing Address:

8267 COMMERCIAL WAY
SPRING HILL, FL 34613

New Mailing Address:

8267 COMMERCIAL WAY
WEEKI WACHEE, FL 34613

FEI Number: 65-1227003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, VERN
8267 COMMERCIAL WAY
SPRING HILL, FL 34613 US

Name and Address of New Registered Agent:

ALLEN, VERN
8267 COMMERCIAL WAY
WEEKI WACHEE, FL 34613 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:

03/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, VERN
Address: 8267 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLEN, VERN
Address: 8267 COMMERCIAL WAY
City-St-Zip: WEEKI WACHEE, FL 34613

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 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: VERN ALLEN

P

03/11/2005

Electronic Signature of Signing Officer or Director

Date