

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111808

FILED
Mar 09, 2009
Secretary of State

Entity Name: DIABETES SELF MANAGEMENT SUPPLIES, INC

Current Principal Place of Business:

LAKE WELLINGTON PROFESSIONAL CENTER
12230 FOREST HILL BLVD. STE. 160
WELLINGTON, FL 33414

New Principal Place of Business:

LAKE WELLINGTON PROFESSIONAL CENTER
12230 FOREST HILL BLVD. STE. 178
WELLINGTON, FL 33414

Current Mailing Address:

LAKE WELLINGTON PROFESSIONAL CENTER
12230 FOREST HILL BLVD. STE 160
WELLINGTON, FL 33414

New Mailing Address:

LAKE WELLINGTON PROFESSIONAL CENTER
12230 FOREST HILL BLVD. STE. 178
WELLINGTON, FL 33414

FEI Number: 20-1440379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONDA, JERRY B
3280 FAIRLAND FARMS RD.
STE 1
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

FONDA, JERRY B
2555 COUNTRY GOLF DRIVE
WELLINGTON, FL 33414 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:

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FONDA, JERRY B
Address: 2555 COUNTRY GOLF DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: DEL VALLE, ANTHONY M
Address: 8121 JOLLY HARBOUR CT.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DEL VALLE, ANTHONY M
Address: 3735 PELICAN BAY CT.
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY DEL VALLE

VP

03/09/2009

Electronic Signature of Signing Officer or Director

Date