2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113066

FILED Feb 04, 2006 Secretary of State

Entity Name: MANUAL ORTHOPAEDIC AND SPORTS SOLUTIONS INC.

Current Principal Place of Business: New Principal Place of Business:

5008 BRIDGEWAY LANE LUTZ, FL 33558 US

Current Mailing Address: New Mailing Address:

5008 BRIDGEWAY LANE LUTZ, FL 33558 US

FEI Number: 20-1465323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALONDA, SIMEON
5008 BRIDGEWAY LANE
LUTZ, FL 33558 US

LAO, SIMEON
5008 BRIDGEWAY LANE
LUTZ, FL 33558 US

LUTZ, FL 33558 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: SIMEON LAO 02/04/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

Name:MALONDA, SIMEONName:LAO, SIMEONAddress:5008 BRIDGEWAY LANEAddress:5008 BRIDGEWAY LANE

City-St-Zip: LUTZ, FL 33558 US City-St-Zip: LUTZ, FL 33558 US

Title: SECR (X) Delete Title: () Change () Addition Name: FAUNI. FE Name:

 Name:
 FAUNI, FE
 Name:

 Address:
 5008 BRIDGEWAY LANE
 Address:

 City-St-Zip:
 LUTZ, FL 33558 US
 City-St-Zip:

Title: TREA () Delete Title: CFO (X) Change () Addition

 Name:
 MALONDA, MARGARITA
 Name:
 LAO, MARGARITA

 Address:
 5008 BRIDGEWAY LANE
 Address:
 5008 BRIDGEWAY LANE

 City-St-Zip:
 LUTZ, FL 33558 US
 City-St-Zip:
 LUTZ, FL 33558 US

Title: DIR (X) Delete Title: () Change () Addition

 Name:
 SPELLMAN, JOHN
 Name:

 Address:
 5008 BRIDGEWAY LANE
 Address:

 City-St-Zip:
 LUTZ, FL 33558 US
 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: MARGARITA LAO CFO 02/04/2006