2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115259

Entity Name: ANN MEDICAL SUPPLIES, INC.

FILED Apr 30, 2005 Secretary of State

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

7525 FORT DESOTO STREET SUITE 1005 5850 LAKEHURST DR ORLANDO, FL 3282 SUITE 150-30

ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

7525 FORT DESOTO STREET SUITE 1005 5850 LAKEHURST DR ORLANDO, FL 3282 SUITE 150-30

ORLANDO, FL 32819

ORTIZ, MARA

FEI Number: 20-1460261 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:

ORTIX, MARA 7525 FORT DESOTO STREET SUITE 1005

ORLANDO, FL 3282 US

5850 LAKEHURST DR SUITE 150-30 ORLANDO, FL 32819 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: MARA ORTIZ / DIRECTOR 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: ORTIZ, MARA Name: ORTIZ, MARA

Address: 7525 FORT DESOTO STREET SUITE 1005 Address: 5850 LAKEHURST DR, SUITE 150-30

City-St-Zip: ORLANDO, FL 3282 City-St-Zip: ORLANDO, FL 32819

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: MARA ORTIZ D 04/30/2005