2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P04000121803

Entity Name: FLORIDA MULTIMEDIA DEVELOPMENT & HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

2523 US HWY 27 SOUTH
205
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

2523 US HWY 27 SOUTH
205
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 51-0520873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPS ( ) Delete
Name: SEETHARAMIAH, MANASA
Address: 2523 US HWY 27 SOUTH STE 205
City-St-Zip: AVON PARK, FL 33825

Title: DT ( ) Delete
Name: SEETHARAMIAH, INDRANI
Address: 2523 US HWY 27 SOUTH STE 205
City-St-Zip: AVON PARK, FL 33825

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SEETHARAMIAH, MANASA
Address: 2523 US HWY 27 SOUTH STE 205
City-St-Zip: AVON PARK, FL 33825

Title: DS (X) Change ( ) Addition
Name: SEETHARAMIAH, INDRANI
Address: 2523 US HWY 27 SOUTH STE 205
City-St-Zip: AVON PARK, FL 33825

Title: DVP ( ) Change (X) Addition
Name: SONNI, ASHOK DR
Address: 2523 US HWY 27 SOUTH STE 205
City-St-Zip: AVON PARK, FL 33825

Title: DT ( ) Change (X) Addition
Name: TEETERS, BARRY
Address: 2523 US HWY 27 SOUTH STE 205
City-St-Zip: AVON PARK, FL 33825

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: MANASA SEETHARAMIAH DP 04/26/2006

Electronic Signature of Signing Officer or Director — Date