2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# P04000136122

Entity Name: GOOD DEAL MEDICAL SUPPLIES, INC

Current Principal Place of Business:

9024 NW 115 STREET
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

4480 W HALLANDALE BEACH BLVD
PEMBROKE PARK, FL 33023

Current Mailing Address:

9024 NW 115 STREET
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 20-1682958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERNANDEZ, JUAN
9024 NW 115 STREET
HIALEAH GARDENS, FL 33018 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: P ( ) Delete
Name: HERNANDEZ, JUAN
Address: 9024 NW 115 ST
City-St-Zip: HIALEAH GARDENS, FL 33018

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: MORA, SCARLETTE Y
Address: 9024 NW 115 ST
City-St-Zip: HIALEAH GARDENS, FL 33018

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: JUAN HERNANDEZ P 03/30/2005

Electronic Signature of Signing Officer or Director — Date