


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

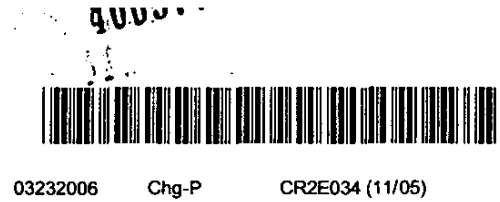
03-24-2006 90020 030 ***158.75

DOCUMENT # P04000147221	
1. Entity Name EAST COAST MEDICAL AND OXYGEN THERAPIES, INC.	

Principal Place of Business 1620 MASON AVE SUITE C DAYTONA BEACH, FL 32117	Mailing Address 1620 MASON AVE SUITE C DAYTONA BEACH, FL 32117
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2. Principal Place of Business 1510 MASON AVE	3. Mailing Address 1510 MASON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Daytona Bch FL	City & State Daytona Bch FL
Zip 32117	Zip 32117
Country USA	Country USA



4. FEI Number 20-1800849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EIDSON, JOAN 126 N LANVALE AVE DAYTONA BEACH, FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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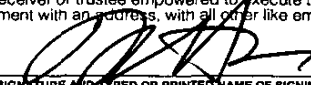
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWATER, ROBERTA 126 N LAVALE AVE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIDSON, JOAN 126 N LAVALE AVE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/23/06 386 274-3602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #