

# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000148098

**FILED**  
**Mar 14, 2005**  
**Secretary of State**

**Entity Name:** EURO-DIAGNOSTIC RESOURCES, INC

**Current Principal Place of Business:**

2201 PONTINA COURT APT H  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

1515 DAMON AVENUE BOX #11  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2201 PONTINA COURT APT H  
KISSIMMEE, FL 34741

**New Mailing Address:**

1515 DAMON AVENUE BOX #11  
KISSIMMEE, FL 34744

**FEI Number:** 52-2451735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, KRISTINA A  
3243-A BLUE HERON DRIVE  
KISSIMMEE, FL 34741 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: V ( ) Delete  
Name: CAMPANA, ANGELO  
Address: 2201 PONTINA COURT APT H  
City-St-Zip: KISSIMMEE, FL 34741

Title: P ( ) Delete  
Name: ZACCAGNINI, DEAN  
Address: 8510 TORBRAM ROAD, UNIT 67  
City-St-Zip: BRAMPTON, ONTARIO, CANADA, L6T 5C7

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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:** ANGELO CAMPANA

VP

03/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date