

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030587

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: FIDELITY DIABETIC SUPPLY CORP.

## Current Principal Place of Business:

912 CONESTOGA RD  
BRYN MAWR, PA 19010

## New Principal Place of Business:

8695 COLLEGE PARKWAY  
C/O INKJETS INC. SUITE 300  
FORT MYERS,, FL 33919

## Current Mailing Address:

912 CONESTOGA RD  
BRYN MAWR, PA 19010

## New Mailing Address:

8695 COLLEGE PARKWAY  
C/O INKJETS INC. SUITE 300  
FORT MYERS, FL 33919

FEI Number: 20-2440000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PICCIOTTI, DEAN ESQ.  
1521 SW 58TH STREET  
CAPE CORAL, FL 33914 US

## Name and Address of New Registered Agent:

PICCIOTTI, DEAN ESQ.  
8695 COLLEGE PARKWAY  
C/O INKJETS INC. SUITE 300  
FORT MYERS, FL 33919 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: DEAN PICCIOTTI

03/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PICCIOTTI, LISA M  
Address: 8695 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Delete  
Name: PICCIOTTI, DEAN  
Address: 8695 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: PICCIOTTI, DEAN  
Address: 8695 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LISA PICCIOTTI

PRES

03/08/2007

Electronic Signature of Signing Officer or Director

Date