

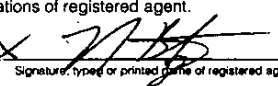
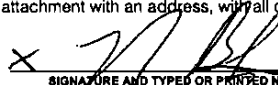


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90010 008 \*\*\*150.00

<b>DOCUMENT # P05000035080</b> 1. Entity Name <b>CAPE ORTHOPEDIC SUPPLY &amp; CONSULTING, INC.</b>					
Principal Place of Business <b>4615 SW 20TH AVE. CAPE CORAL, FL 33914 US</b>				Mailing Address <b>4615 SW 20TH AVE. CAPE CORAL, FL 33914 US</b>	
2. Principal Place of Business <b>1631 Columbian Dr.</b>		3. Mailing Address <b>1631 Columbian Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Punta Gorda, FL.</b>		City & State <b>Punta Gorda, FL.</b>			
Zip <b>33950</b>		Country <b>USA</b>		4. FEI Number <b>42-1662566</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BATZ, NICHOLAS J 4615 SW 20TH AVE. CAPE CORAL, FL 33914</b>				7. Name and Address of New Registered Agent Name <b>Nicholas Batz</b> Street Address (P.O. Box Number is Not Acceptable) <b>1631 Columbian Dr.</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33950</b>	
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: <b>3/15/06</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BATZ, NICHOLAS J</b> <b>4615 SW 20TH AVE.</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Nicholas Batz</b> <b>1631 Columbian Dr.</b> <b>Punta Gorda, FL. 33950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>BATZ, NICHOLAS J</b> <b>4615 SW 20TH AVE.</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Nicholas Batz</b> <b>1631 Columbian Dr.</b> <b>Punta Gorda, FL. 33950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>BATZ, NICHOLAS J</b> <b>4615 SW 20TH AVE.</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>Nicholas Batz</b> <b>1631 Columbian Dr.</b> <b>Punta Gorda, FL. 33950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>BATZ, NICHOLAS J</b> <b>4615 SW 20TH AVE.</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>Nicholas Batz</b> <b>1631 Columbian Dr.</b> <b>Punta Gorda, FL. 33950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			<b>3/14/06</b> (239) 770-7880 Date Daytime Phone #		