## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040675

**Entity Name: MEDAFFINITY CORPORATION** 

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3019 SHANNON LAKES N., SUITE 203 3023 SHANNON LAKES N., SUITE 101

TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309

Current Mailing Address: New Mailing Address:

3019 SHANNON LAKES N., SUITE 203 3023 SHANNON LAKES N., SUITE 101

TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309

FEI Number: 20-2505126 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

AULTMAN, JAMES L AULTMAN, JAMES L

3019 SHANNON LAKES N., SUITE 203 3023 SHANNON LAKES N., SUITE 101 TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 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: JAMES LAULTMAN 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete Title: CEOD (X) Change ( ) Addition

Name: AULTMAN, JAMES L Name: AULTMAN, JAMES L

Address: 3019 SHANNON LAKES N., SUITE 203 Address: 3023 SHANNON LAKES N., SUITE 101

City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309

Name: HOLT, DUSTIN A Name: HOLT, DUSTIN A

Address: 149 WATER OAK Address: 3023 SHANNON LAKES N., SUITE 101

City-St-Zip: ALBANY, GA 31701 City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete Title: S (X) Change ( ) Addition Name: AULTMAN, SHELLEY Name: AULTMAN, SHELLEY

Address: 3019 SHANNON LAKES N., SUITE 203 Address: 3023 SHANNON LAKES N., SUITE 101

City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309

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: JAMES LAULTMAN CEOD 05/01/2006