2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P05000066061

Entity Name: CPAP SUPPLIES DIRECT INC.

Current Principal Place of Business:

12630 METRO PARKWAY
FORT MYERS, FL 33912

New Principal Place of Business:

12630 METRO PARKWAY
FORT MYERS, FL 33966 US

Current Mailing Address:

12630 METRO PARKWAY
FORT MYERS, FL 33912

New Mailing Address:

12630 METRO PARKWAY
FORT MYERS, FL 33966 US

FEI Number: 20-2810428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILITELLO, TOM
12630 METRO PARKWAY
FORT MYERS, FL 33912 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: D ( ) Delete
Name: MILITELLO, KAREN A
Address: 12630 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete
Name: MILITELLO, TOM
Address: 8989 PASEO DE VALENCIA
City-St-Zip: FORT MYERS, FL 33908

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 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: THOMAS J MILITELLO VP 04/29/2007

Electronic Signature of Signing Officer or Director Date