

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110314

Entity Name: GLOBAL MEDICAL DEVICE INC.

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

1512 NW 157 AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

15316 NW 6TH CT
PEMBROKE PINES, FL 33028

Current Mailing Address:

1512 NW 157 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

P.O. BOX 824256
SOUTH FLORIDA, FL 33082

FEI Number: 20-3279194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZHANG, YUEE
1512 NW 157 AVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

GAO, QIONG
15316 NW 6TH CT
PEMBROKE PINES, FL 33028 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: QIONG GAO

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ZHANG, YUEE
Address: 1512 NW 157 AVE
City-St-Zip: PEMBROKE PINE, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI (X) Change () Addition
Name: RUIZ, AURORA
Address: P.O. BOX 824256
City-St-Zip: SOUTH FLORIDA, FL 33082

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: AURORA RUIZ

OFFI

01/17/2008

Electronic Signature of Signing Officer or Director

Date