2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120551

Entity Name: LIFE MEDICAL SUPPLIER.COM, INC.

FILED Jan 16, 2008 Secretary of State

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

3230 W 8 AVE 12088 NW 42 STREET HIALEAH, FL 33012 SUNRISE, FL 33323 US US

Current Mailing Address: New Mailing Address:

3230 W 8 AVE 12088 NW 42 STREET HIALEAH, FL 33012 US SUNRISE, FL 33323 US

FEI Number: 20-3397230 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:

ORTEGON, NOHORA ORTEGON, NOHORA 12088 NW 42 STREET 3230 W 8 AVE HIALEAH, FL 33012 US SUNRISE, FL 33323 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: 01/16/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ORTEGON, NOHORA ORTEGON, NOHORA Name: Name: Address:

3230 W. 8 AVE. Address: 12088 NW 42 STREET City-St-Zip: HIALEAH, FL 33012 US City-St-Zip: SUNRISE, FL 33323 US

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: NOHORA ORTEGON MRS. 01/16/2008