2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P05000123798

Entity Name: INTER-MEDICAL ALLIANCE, INC.

Current Principal Place of Business:

700 W VINE STREET SUITE 206
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

700 W VINE STREET SUITE 206
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 04-3825660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, JUAN A
700 W VINE STREET SUITE 206
KISSIMMEE, FL 34741 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: MORALES, JUAN A
Address: 700 W VINE STREET SUITE 206
City-St-Zip: KISSIMMEE, FL 34741

Title: O ( ) Delete
Name: RODRIGUEZ, JOMAYRA
Address: 970 TRAMMELLS TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: O ( ) Delete
Name: PAGAN, JOMARIS D
Address: 1215 LAKE BISCAYNE WAY
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: ROJAS, HECTOR
Address: 700 WEST VINE ST. SUITE 206
City-St-Zip: KISSIMMEE, FL 34741

Title: O (X) Change ( ) Addition
Name: VELAZQUEZ, ISAAC
Address: 700 WEST VINE STREET SUITE 206
City-St-Zip: KISSIMMEE, FL 34741

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: JUAN A. MORALES P 04/29/2007

Electronic Signature of Signing Officer or Director — Date