


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90228 045 \*\*\*150.00

<b>DOCUMENT # P05000136067</b>	
1. Entity Name <b>M.D. GLOBAL SUPPLY CORPORATION</b>	

Principal Place of Business <b>5121 EHRLICH ROAD SUITE 102B TAMPA, FL 33624 US</b>	Mailing Address <b>5121 EHRLICH ROAD SUITE 102B TAMPA, FL 33624 US</b>
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2. Principal Place of Business <b>5121 EHRLICH ROAD</b>	3. Mailing Address <b>5121 EHRLICH ROAD</b>
Suite, Apt. #, etc. <b>SUITE 110B</b>	Suite, Apt. #, etc. <b>SUITE 110B</b>
City & State <b>TAMPA, FL.</b>	City & State <b>TAMPA, FL.</b>
Zip <b>33624</b>	Country <b>USA</b>



03032006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>ROWE, MICHAEL W 5121 EHRLICH ROAD SUITE 102B TAMPA, FL 33624</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST ROWE, MICHAEL W 5121 EHRLICH ROAD SUITE 102B TAMPA, FL 33624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROWE, MICHAEL W 5121 EHRLICH ROAD SUITE 102B TAMPA, FL 33624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:** Michael W. Rowe **MICHAEL W. ROWE** 3/10/06 813 244 1520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #