2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006
Secretary of State

DOCUMENT# P05000156334

Entity Name: GOOD SHEPHERD MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

7416 SOUTH DIXIE HWY
W PALM BCH, FL 33405

New Principal Place of Business:

Current Mailing Address:

7416 SOUTH DIXIE HWY
W PALM BCH, FL 33405

New Mailing Address:

FEI Number: 83-0441127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVA, LUIS
7416 SOUTH DIXIE HWY
W PALM BCH, FL 33405 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: OLIVA, LUIS
Address: 3740 LOWSON BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: OLIVA, ROSA
Address: 3740 LOWSON BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: JIMENEZ, MARTHA O
Address: 842 SELKIRK STREET
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: PUENTE, MIRTHA O
Address: 3740 LOWSON BLVD
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: LUIS OLIVA P/D 03/13/2006

Electronic Signature of Signing Officer or Director Date