

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90035 018 ***150.00

DOCUMENT # P06000012626		
1. Entity Name IMED GLOBAL, INC.		

Principal Place of Business 4314 TUSCANY WAY BOYNTON BEACH, FL 33435 US	Mailing Address 4314 TUSCANY WAY BOYNTON BEACH, FL 33435 US
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2. Principal Place of Business - No P.O. Box # 1525 NW 3 rd STREET	3. Mailing Address 1525 NW 3 rd STREET
Suite, Apt. #, etc. # 11	Suite, Apt. #, etc. # 11
City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL
Zip 33442	Zip 33442
Country	Country

4001000



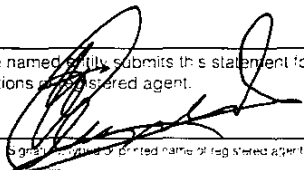
01052007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4202628	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHANGELA, SAMIR 4314 TUSCANY WAY BOYNTON BEACH, FL 33435	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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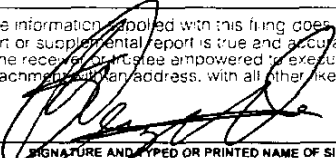
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE  DATE 02/05/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 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-STATE-ZIP	PVST CHANGELA, SAMIR 4314 TUSCANY WAY BOYNTON BEACH, FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHANGELA, SAMIR 4314 TUSCANY WAY BOYNTON BEACH, FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information provided 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, changed, or on an attachment with my address, with all other like empowered

SIGNATURE:  SAMIR M. CHANGELA 02/05/07 (954) 428-6028