2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# P06000049203

Entity Name: MEDICAL SUPPLIES DISTRIBUTORS, INC.

Current Principal Place of Business:

296 NW 78TH AVENUE
PLANTATION, FL 33324 US

New Principal Place of Business:

2400 WEST CYPRESS CREEK ROAD
SUITE 140
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

296 NW 78TH AVENUE
PLANTATION, FL 33324 US

New Mailing Address:

2400 WEST CYPRESS CREEK ROAD
SUITE 140
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-4647907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELGADO, LUPE
711 N. PINE ISLAND ROAD
408
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

TEJEDA, ADRIANA
2400 WEST CYPRESS CREEK ROAD
SUITE 140
FORT LAUDERDALE, FL 33309 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: ADRIANA TEJEDA 04/22/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DELGADO, LUPE
Address: 711 NORTH PINE ISLAND ROAD # 408
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TEJEDA, ADRIANA
Address: 2400 WEST CYPRESS CREEK ROAD, SUITE 140
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S ( ) Change (X) Addition
Name: DELGADO, LUPE
Address: 2400 WEST CYPRESS CREEK ROAD, SUITE 140
City-St-Zip: FORT LAUDERDALE, FL 33309

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: ADRIANA TEJEDA PD 04/22/2007
Electronic Signature of Signing Officer or Director Date