2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# P06000064946

Entity Name: LEIMYS MEDICAL SUPPLY INC.

Current Principal Place of Business:

15315 NW 60TH AVE., SUITE B
MIAMI LAKES, FL 33014

New Principal Place of Business:

15315 NW 60TH AVE., SUITE B
SUITE B
MIAMI LAKES, FL 33014

Current Mailing Address:

15315 NW 60TH AVE., SUITE B
MIAMI LAKES, FL 33014

New Mailing Address:

15315 NW 60TH AVE., SUITE B
SUITE B
MIAMI LAKES, FL 33014

FEI Number: 20-4862164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUSTEZ, ANA M
90 W. 61ST ST.
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

FUSTES, ANA M
90 W. 61ST ST.
HIALEAH, FL 33012 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: ANA M. FUSTES 01/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FUSTEZ, ANA M
Address: 90 W. 61ST ST.
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FUSTES, ANA M
Address: 90 W. 61ST ST.
City-St-Zip: HIALEAH, FL 33012

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: ANA M. FUSTES PD 01/23/2007
Electronic Signature of Signing Officer or Director Date