

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065661

Entity Name: PUNCH MD, INC.

FILED  
Apr 09, 2007  
Secretary of State

## Current Principal Place of Business:

2043 DUNSFORD TERRACE #11  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

2043 DUNSFORD TERRACE #3  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

2043 DUNSFORD TERRACE #11  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

2043 DUNSFORD TERRACE #3  
JACKSONVILLE, FL 32207 US

FEI Number: 20-3899815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DULITZ, TARA  
2043 DUNSFORD TERRACE #11  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

DULITZ, TARA  
2043 DUNSFORD TERRACE #3  
JACKSONVILLE, FL 32207 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: TARA DULITZ

04/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DULITZ, TARA  
Address: 2043 DUNSFORD TERRACE #11  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D (X) Delete  
Name: DULITZ, GALEN  
Address: 8320 WINDY PINE LANE  
City-St-Zip: JACKSONVILLE, FL 32244 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition  
Name: DULITZ, TARA  
Address: 2043 DUNSFORD TERRACE #11  
City-St-Zip: JACKSONVILLE, FL 32207 US

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: TARA DULITZ

P/S

04/09/2007

Electronic Signature of Signing Officer or Director

Date