


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90035 011 ***150.00

DOCUMENT # P06000093336 1. Entity Name MED 1 RESOURCES INC.		
Principal Place of Business 6604 38TH AVE, CIRCLE WEST BRADENTON, FL 34209	Mailing Address 6604 38TH AVE, CIRCLE WEST BRADENTON, FL 34209	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 03172008 No Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 4. FEI Number 20-5248386 </div> <div style="width: 35%;"> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent REICHENBACH, THERESA 6604 38TH AVE, CIRCLE WEST BRADENTON, FL 34209		
DO NOT WRITE IN THIS SPACE		
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 registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	REICHENBACH, GARY	
STREET ADDRESS	6604 38TH AVE, CIRCLE WEST	
CITY - ST - ZIP	BRADENTON, FL 34209	
TITLE	V	
NAME	REICHENBACH, THERESA	
STREET ADDRESS	6604 38TH AVE, CIRCLE WEST	
CITY - ST - ZIP	BRADENTON, FL 34209	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied 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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Gary Reichenbach</u> <u>5/28/08</u> <u>941-870-2703</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		