

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003598

FILED
Apr 30, 2008
Secretary of State

Entity Name: PIXIE DUST ANESTHESIA INC

Current Principal Place of Business:

10125 DOWNEY LANE
TAMPA, FL 33626 US

New Principal Place of Business:

3050 STONEGATE FALLS DRIVE
LAND O LAKES, FL 34638 US

Current Mailing Address:

10125 DOWNEY LANE
TAMPA, FL 33626 US

New Mailing Address:

3050 STONEGATE FALLS DRIVE
LAND O LAKES, FL 34638 US

FEI Number: 28-8261068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, STEPHANIE
10125 DOWNEY LANE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

LEONARD, STEPHANIE
3050 STONEGATE FALLS DRIVE
LAND O LAKES, FL 34638 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: STEPHANIE LEONARD

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEONARD, STEPHANIE
Address: 10125 DOWNEY LANE
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEONARD, STEPHANIE
Address: 3050 STONEGATE FALLS DRIVE
City-St-Zip: LAND O LAKES, FL 34638 US

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE LEONARD

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date