2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000119043

Entity Name: MCLAREN MEDICAL INC

Current Principal Place of Business:

6880 ABBOTT AVE
SUITE 501
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

1602 ALTON RD
SUITE 513
MIAMI BEACH, FL 33139 US

Current Mailing Address:

PO BOX 402042
MIAMI BEACH, FL 33140 US

New Mailing Address:

1602 ALTON RD
SUITE 513
MIAMI BEACH, FL 33139 US

FEI Number: 26-2237816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARRIBAS III, RAFAEL L
6880 ABBOTT AVE
SUITE 501
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

ARRIBAS III, RAFAEL L
2401 COLLINS AVE
APT 904
MIAMI BEACH, FL 33140 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: RAFAEL L ARRIBAS III 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCLAREN, ANNA M
Address: 6880 ABBOTT AVE # 501
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VP ( ) Delete
Name: ARRIBAS III, RAFAEL L
Address: 6880 ABBOTT AVE # 501
City-St-Zip: MIAMI BEACH, FL 33141 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCLAREN, ANNA M
Address: 2401 COLLINS AVE APT 904
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP (X) Change ( ) Addition
Name: ARRIBAS III, RAFAEL L
Address: 2401 COLLINS AVE APT 904
City-St-Zip: MIAMI BEACH, FL 33140 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: RAFAEL L ARRIBAS III VP 04/30/2009
Electronic Signature of Signing Officer or Director Date