2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P10000094034

Entity Name: MEDICAL SUPPLIES R US, INC.

Current Principal Place of Business:

% NARUPA TIWARI
1007 COASTAL CIRCLE
OCOEE, FL 34761

New Principal Place of Business:

NARUPA TIWARI
1007 COASTAL CIRCLE
OCOEE, FL 34761

Current Mailing Address:

% NARUPA TIWARI
1007 COASTAL CIRCLE
OCOEE, FL 34761

New Mailing Address:

NARUPA TIWARI
1007 COASTAL CIRCLE
OCOEE, FL 34761

FEI Number: 27-3985188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIWARI, NARUPA
1007 COASTAL CIRCLE
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: TIWARI, NARUPA
Address: 1007 COASTAL CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: DIR
Name: NARINE, DAVENDRA
Address: 1007 COASTAL CIRCLE
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: NARUPA TIWARI P 04/30/2011

Electronic Signature of Signing Officer or Director Date