

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13277

FILED
Jun 22, 2007
Secretary of State

Entity Name: TIMEMED LABELING SYSTEMS, INC.

Current Principal Place of Business:

144 TOWER DRIVE
BURR RIDGE, IL 60527

New Principal Place of Business:

Current Mailing Address:

144 TOWER DRIVE
BURR RIDGE, IL 60527

New Mailing Address:

FEI Number: 36-2286840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: OPELKA, MARILYN
Address: 144 TOWER DRIVE
City-St-Zip: BURR RIDGE, IL 60527

Title: P () Delete
Name: NERAD, JERRY
Address: 144 TOWER DRIVE
City-St-Zip: BURR RIDGE, IL 60527

Title: SD () Delete
Name: NERAD, ANN
Address: 144 TOWER DRIVE
City-St-Zip: BURR RIDGE, IL 60527

Title: D () Delete
Name: NELSON, AMY NERAD
Address: 5048 WOODLAND
City-St-Zip: WESTERN SPRINGS, IL 60558

Title: D () Delete
Name: MISSIMER, ROGER
Address: 2721 SCENIC DR
City-St-Zip: NO MUSKEGON, MI

Title: D () Delete
Name: GOOD, JAMES W
Address: 790 FRONTAGE RD
City-St-Zip: NORTHFIELD, IL 60093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: MCCONVILLE, RITA
Address: 144 TOWER DRIVE
City-St-Zip: BURR RIDGE, IL 60527

Title: PD (X) Change () Addition
Name: NERAD, JERRY
Address: 144 TOWER DRIVE
City-St-Zip: BURR RIDGE, IL 60527

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RITA MCCONVILLE

CFO

06/22/2007

Electronic Signature of Signing Officer or Director

_____ Date