

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23929

FILED
Mar 08, 2004
Secretary of State

Entity Name: ORTHOMERICA PRODUCTS, INC.

Current Principal Place of Business:

P.O. BOX 2927
NEWPORT BEACH, CA 92659

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 607129
ORLANDO, FL 328607129

New Mailing Address:

FEI Number: 33-0343239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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: CEO () Delete
Name: KERR, DAVID C.,
Address: 223 VIA QUITO
City-St-Zip: NEWPORT, CA

Title: S () Delete
Name: KERR, MARY ANN,
Address: 223 VIA QUITO
City-St-Zip: NEWPORT, CA

Title: CFO () Delete
Name: ARELLANO, GEORGE
Address: 17037 MAGNOLIA ISLAND BLVD
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: SCHWENN, SHANNON R.,
Address: 2051 ENTERPRISE OSTEEN RD
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CFO (X) Change () Addition
Name: ARELLANO, GEORGE
Address: 1840 WAKE FOREST AVE
City-St-Zip: CLERMONT, FL 34711

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGE ARELLANO

CFO

03/08/2004

Electronic Signature of Signing Officer or Director

_____ Date