

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23929

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: ORTHOMERICA PRODUCTS, INC.

**Current Principal Place of Business:**

505 31ST STREET  
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 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: 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: 12004 LAKESHORE DR  
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: ( ) 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: GEORGE ARELLANO

CFO

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date