

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029227

FILED
Apr 26, 2005
Secretary of State

Entity Name: OTO-MED TECHNOLOGIES, INC.

Current Principal Place of Business:

116 N CYPRESS WAY
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

PO BOX 181397
CASSELBERRY, FL 327181397 US

New Mailing Address:

FEI Number: 59-3166168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMBELL DON E K
245 ARNOLD LANE
WINTER SPRINGS, FL 32708 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: P () Delete
Name: CAMPBELL, DON E K
Address: 245 ARNOLD LANE
City-St-Zip: WINTER SPRINGS, FL

Title: VPT () Delete
Name: CAMPBELL, BEVERLY J
Address: 1411 S. GRANT ST.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMPBELL, DON E K
Address: 245 ARNOLD LANE
City-St-Zip: WINTER SPRINGS, FL 32708

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: DONALD E K CAMPBELL

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date