2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000042815

1. Entity Name
ORTHOGAP, INC.

Principal Place of Business	Mailing Address
15283 AMBERLY DR TAMPA, FL 33647	15283 AMBERLY DR TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3190258	Applied For
	Not Applicable

| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PERRET, JR, GERARD A.
15283 AMBERLY DRIVE
TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

8. 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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing ☐   **$5.00** May Be
Trust Fund Contribution   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PERRET, GERARD A JR.
STREET ADDRESS	15283 AMBERLY DR
CITY-ST-ZIP	TAMPA, FL 33647

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ / G. A. Perret, Jr. / President   2-12-06   (813) 784-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #